

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5
CONSERVATIVE MAJORITY FUND

ADDRESS (number and street) 2776 S ARLINGTON MILL DR #806
Check if different than previously reported. (ACC) ARLINGTON VA 22206

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
C C00524454 3. IS THIS REPORT NEW (N) OR AMENDED (A) AMENDED (A)

4. TYPE OF REPORT (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report (Q1)
 July 15 Quarterly Report (Q2)
 October 15 Quarterly Report (Q3)
 January 31 Year-End Report (YE)
 July 31 Mid-Year Report (Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day PRE-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on M M M / D D D / Y Y Y Y Y Y in the State of
(d) 30-Day POST-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on M M M / D D D / Y Y Y Y Y Y in the State of

5. Covering Period 04 / 01 / 2014 through 06 / 30 / 2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer SCOTT B MACKENZIE

Signature of Treasurer SCOTT B MACKENZIE [Electronically Filed] Date 02 / 13 / 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

CONSERVATIVE MAJORITY FUND

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2014"/>	<input type="text" value="127851.13"/>	<input type="text" value="127851.13"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="69101.27"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="432894.30"/>	<input type="text" value="885596.89"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="501995.57"/>	<input type="text" value="1013448.02"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="462498.83"/>	<input type="text" value="973951.28"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="39496.74"/>	<input type="text" value="39496.74"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

CONSERVATIVE MAJORITY FUND

Report Covering the Period: From: / / To: / /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	55920.00	78535.57
(ii) Unitemized	367462.75	794667.93
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	423382.75	873203.50
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	423382.75	873203.50
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	9511.55	12393.39
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	432894.30	885596.89
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	432894.30	885596.89

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	250191.01	745448.46
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	250191.01	745448.46
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	7500.00	11125.00
24. Independent Expenditures (use Schedule E)	202307.82	202307.82
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	70.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	70.00
29. Other Disbursements	2500.00	15000.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	462498.83	973951.28
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	462498.83	973951.28

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	423382.75	873203.50
34. Total Contribution Refunds (from Line 28(d))	0.00	70.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	423382.75	873133.50
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	250191.01	745448.46
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	250191.01	745448.46

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 6 OF 207
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND

A. MS MARGARET T ADAMS 366
 Full Name (Last, First, Middle Initial)
 Mailing Address 8240 HEALY DR
 City MOBILE State AL Zip Code 36695
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 25 / 2014
Transaction ID : SA11AI.29862
 Amount of Each Receipt this Period
 100.00

B. MS GOLDA L ADERS 475
 Full Name (Last, First, Middle Initial)
 Mailing Address PO BOX 108
 City BRISTOW State IN Zip Code 47515
 FEC ID number of contributing federal political committee. **C**
 Name of Employer JOE & GOLDA ADERS CHARITABLE TRUST Occupation TRUSTEE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 12 / 2014
Transaction ID : SA11AI.29890
 Amount of Each Receipt this Period
 20.00

C. MR MAX U AKPIK 997
 Full Name (Last, First, Middle Initial)
 Mailing Address PO BOX 88
 City WAINWRIGHT State AK Zip Code 99782
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 14 / 2014
Transaction ID : SA11AI.29933
 Amount of Each Receipt this Period
 450.00

SUBTOTAL of Receipts This Page (optional).....▶	570.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 207
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND

A. MS TAMMY ALLEN 815
 Full Name (Last, First, Middle Initial)
 Mailing Address 3716 CHRISTENSEN CT
 City GRAND JUNCTION State CO Zip Code 81506
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ALLEN UNIQUE AUTOS Occupation MUSEUM PROPRIETOR
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **300.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 02 / 2014
Transaction ID : SA11AI.30018
 Amount of Each Receipt this Period
300.00

B. MRS MARIA G ALTHERR 458
 Full Name (Last, First, Middle Initial)
 Mailing Address 416 W WAYNE ST
 City CELINA State OH Zip Code 45822
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **-100.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 21 / 2014
Transaction ID : SA11AI.30032
 Amount of Each Receipt this Period
-100.00

C. MRS SANDRA L ALWAY 895
 Full Name (Last, First, Middle Initial)
 Mailing Address 221 VINE ST
 City RENO State NV Zip Code 89503
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **-5.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 08 / 2014
Transaction ID : SA11AI.30048
 Amount of Each Receipt this Period
-5.00

SUBTOTAL of Receipts This Page (optional).....▶	195.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 207
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND

A. MR TED E AMSBAUGH 591
 Full Name (Last, First, Middle Initial)
 Mailing Address 1302 24TH ST W #329
 City BILLINGS State MT Zip Code 59102
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation FARMER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **300.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 02 / 2014
Transaction ID : SA11AI.30070
 Amount of Each Receipt this Period
100.00

B. MR ROBERT L ANDERSEN 282
 Full Name (Last, First, Middle Initial)
 Mailing Address 201 PERRIN PL
 City CHARLOTTE State NC Zip Code 28207
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ALSTON & BIRD LLP Occupation ATTORNEY
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 09 / 2014
Transaction ID : SA11AI.30079
 Amount of Each Receipt this Period
300.00

C. MR JERRE A BADER 972
 Full Name (Last, First, Middle Initial)
 Mailing Address 13757 SW ALPINE VW
 City TIGARD State OR Zip Code 97224
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **300.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 19 / 2014
Transaction ID : SA11AI.30354
 Amount of Each Receipt this Period
150.00

SUBTOTAL of Receipts This Page (optional).....	550.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 207
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND

A. MR KENNETH L BAKER 826
 Full Name (Last, First, Middle Initial)
 Mailing Address 2150 GARDEN CREEK RD
 City CASPER State WY Zip Code 82601
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ROCKY MOUNAIN BRAKE Occupation PRESIDENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 20 / 2014
Transaction ID : SA11AI.30450
 Amount of Each Receipt this Period
 200.00

B. MS ALAYNE L BARTLETT 600
 Full Name (Last, First, Middle Initial)
 Mailing Address 4312 SQUIRES GRN
 City RICHMOND State IL Zip Code 60071
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 28 / 2014
Transaction ID : SA11AI.30631
 Amount of Each Receipt this Period
 75.00

C. MS GLORIA J BAUN 655
 Full Name (Last, First, Middle Initial)
 Mailing Address 163 BOSA DR
 City SAINT ROBERT State MO Zip Code 65584
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 04 / 2014
Transaction ID : SA11AI.30706
 Amount of Each Receipt this Period
 200.00

SUBTOTAL of Receipts This Page (optional).....	475.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 10 OF 207
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND

A. MRS ORLANDA M BAZIN 662
 Full Name (Last, First, Middle Initial)
 Mailing Address 9600 LEE BLVD
 City SHAWNEE MISSION State KS Zip Code 66206
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 23 / 2014
Transaction ID : SA11AI.30724
 Amount of Each Receipt this Period
 150.00

B. MS PEGGY J BENDER 474
 Full Name (Last, First, Middle Initial)
 Mailing Address 4408 N THISTLE DR
 City BLOOMINGTON State IN Zip Code 47408
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 12 / 2014
Transaction ID : SA11AI.30876
 Amount of Each Receipt this Period
 100.00

C. MR HAROLD E BERGDAHL 852
 Full Name (Last, First, Middle Initial)
 Mailing Address 116 LEISURE WORLD
 City MESA State AZ Zip Code 85206
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 05 / 2014
Transaction ID : SA11AI.30933
 Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 350.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 207
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND

A. MS JANICE E BIRKELAND 087
 Full Name (Last, First, Middle Initial)
 Mailing Address 509 ROUTE 530
 APT 166
 City WHITING State NJ Zip Code 08759
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 02 / 2014
Transaction ID : SA11AI.31070
 Amount of Each Receipt this Period
 250.00

B. MR MARVIN F BLASKI 926
 Full Name (Last, First, Middle Initial)
 Mailing Address 7401 YORKTOWN AVE
 City HUNTINGTON BEACH State CA Zip Code 92648
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 23 / 2014
Transaction ID : SA11AI.31161
 Amount of Each Receipt this Period
 200.00

C. MR ROBERT BOGGAN 361
 Full Name (Last, First, Middle Initial)
 Mailing Address 3318 WILEY RD
 City MONTGOMERY State AL Zip Code 36106
 FEC ID number of contributing federal political committee. **C**
 Name of Employer COMMERCIAL MORTGAGE INVESTMENT CC Occupation PRESIDENT
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 28 / 2014
Transaction ID : SA11AI.31230
 Amount of Each Receipt this Period
 30.00

SUBTOTAL of Receipts This Page (optional).....▶	480.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 207
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND

A. MR ROBERT BOGGAN 361
 Full Name (Last, First, Middle Initial)
 Mailing Address 3318 WILEY RD
 City MONTGOMERY State AL Zip Code 36106
 FEC ID number of contributing federal political committee. **C**
 Name of Employer COMMERCIAL MORTGAGE INVESTMENT CC Occupation PRESIDENT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **270.00**

Date of Receipt **05 / 27 / 2014**
Transaction ID : SA11AI.31233
 Amount of Each Receipt this Period **30.00**

B. MR ROBERT BOGGAN 361
 Full Name (Last, First, Middle Initial)
 Mailing Address 3318 WILEY RD
 City MONTGOMERY State AL Zip Code 36106
 FEC ID number of contributing federal political committee. **C**
 Name of Employer COMMERCIAL MORTGAGE INVESTMENT CO Occupation PRESIDENT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **370.00**

Date of Receipt **06 / 13 / 2014**
Transaction ID : SA11AI.31232
 Amount of Each Receipt this Period **100.00**

C. MR ROBERT BOGGAN 361
 Full Name (Last, First, Middle Initial)
 Mailing Address 3318 WILEY RD
 City MONTGOMERY State AL Zip Code 36106
 FEC ID number of contributing federal political committee. **C**
 Name of Employer COMMERCIAL MORTGAGE INVESTMENT CC Occupation PRESIDENT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **400.00**

Date of Receipt **06 / 27 / 2014**
Transaction ID : SA11AI.31231
 Amount of Each Receipt this Period **30.00**

SUBTOTAL of Receipts This Page (optional).....	160.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 207
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND

A. MS DIANE BOSLER 298
Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 242

City ALLENDALE State SC Zip Code 29810

FEC ID number of contributing federal political committee. **C**

Name of Employer JCO FARMS Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 02 / 2014
Transaction ID : SA11AI.31317

Amount of Each Receipt this Period
 200.00

B. MS DIANE BOSLER 298
Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 242

City ALLENDALE State SC Zip Code 29810

FEC ID number of contributing federal political committee. **C**

Name of Employer JCO FARMS Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 10 / 2014
Transaction ID : SA11AI.31318

Amount of Each Receipt this Period
 50.00

C. MR I M BOWES 274
Full Name (Last, First, Middle Initial)

Mailing Address 5503 WALLACE DR

City GREENSBORO State NC Zip Code 27407

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF EMPLOYED Occupation CONTRACTOR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 06 / 2014
Transaction ID : SA11AI.31389

Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional).....▶	750.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 15 OF 207
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND

A. MS DIANE BROOKS 334
 Full Name (Last, First, Middle Initial)
 Mailing Address 2866 OLD CYPRESS N
 City PALM BEACH GARDENS State FL Zip Code 33410
 FEC ID number of contributing federal political committee. **C**
 Name of Employer DIANE BROOKS EQUINE SERVICES Occupation BUSINESS OWNER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 30 / 2014
Transaction ID : SA11AI.31615
 Amount of Each Receipt this Period
 150.00

B. MS NANCY A BROWER 122
 Full Name (Last, First, Middle Initial)
 Mailing Address 16 MALPASS RD
 City ALBANY State NY Zip Code 12203
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 235.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 19 / 2014
Transaction ID : SA11AI.31639
 Amount of Each Receipt this Period
 50.00

C. MS NANCY A BROWER 122
 Full Name (Last, First, Middle Initial)
 Mailing Address 16 MALPASS RD
 City ALBANY State NY Zip Code 12203
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 25 / 2014
Transaction ID : SA11AI.31640
 Amount of Each Receipt this Period
 25.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 225.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 207
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND

A. MR HENRY M BUHL 100
 Full Name (Last, First, Middle Initial)
 Mailing Address 114 GREENE ST FL 5
 City NEW YORK State NY Zip Code 10012
 FEC ID number of contributing federal political committee. **C**
 Name of Employer THE BUHL FOUNDATION Occupation CHAIRMAN
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
05 / 29 / 2014
Transaction ID : SA11AI.31804
 Amount of Each Receipt this Period
250.00

B. MS LINDA L CANION 773
 Full Name (Last, First, Middle Initial)
 Mailing Address 27 LOS ENCINOS CT
 City MAGNOLIA State TX Zip Code 77354
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **300.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
04 / 22 / 2014
Transaction ID : SA11AI.32152
 Amount of Each Receipt this Period
200.00

C. MS SUE M CANNON 802
 Full Name (Last, First, Middle Initial)
 Mailing Address 6420 W LAKERIDGE RD
 City LAKEWOOD State CO Zip Code 80227
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **300.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
05 / 23 / 2014
Transaction ID : SA11AI.32155
 Amount of Each Receipt this Period
200.00

SUBTOTAL of Receipts This Page (optional).....	650.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 17 OF 207
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND

A. MS SUE M CANNON 802
 Full Name (Last, First, Middle Initial)
 Mailing Address 6420 W LAKERIDGE RD
 City LAKEWOOD State CO Zip Code 80227
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 11 / 2014
Transaction ID : SA11AI.32156
 Amount of Each Receipt this Period
 100.00

B. MR FRANK CARIO 197
 Full Name (Last, First, Middle Initial)
 Mailing Address PO BOX 633
 City NEW CASTLE State DE Zip Code 19720
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARIO INSURANCE AGENCY Occupation BUSINESS OWNER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 16 / 2014
Transaction ID : SA11AI.32196
 Amount of Each Receipt this Period
 30.00

C. MR FRANK CARIO 197
 Full Name (Last, First, Middle Initial)
 Mailing Address PO BOX 633
 City NEW CASTLE State DE Zip Code 19720
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARIO INSURANCE AGENCY Occupation BUSINESS OWNER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 16 / 2014
Transaction ID : SA11AI.32198
 Amount of Each Receipt this Period
 30.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 160.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 207
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND

A. MR DAVID CARLISLE 836
 Full Name (Last, First, Middle Initial)
 Mailing Address 64 CIRCLE VIEW LN
 City MCCALL State ID Zip Code 83638
 FEC ID number of contributing federal political committee. **C**
 Name of Employer LEISURE TIME LAWN SERVICE Occupation BUSINESS OWNER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **230.00**

Date of Receipt **06 / 27 / 2014**
Transaction ID : SA11AI.32206
 Amount of Each Receipt this Period **200.00**

B. MS MARIANNA H CARROLL 300
 Full Name (Last, First, Middle Initial)
 Mailing Address 1550 PARK CHASE
 City CUMMING State GA Zip Code 30041
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **05 / 27 / 2014**
Transaction ID : SA11AI.32258
 Amount of Each Receipt this Period **100.00**

C. MR JAMES G CARTER 253
 Full Name (Last, First, Middle Initial)
 Mailing Address 5107 HOPEWELL DR
 City CROSS LANES State WV Zip Code 25313
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **04 / 28 / 2014**
Transaction ID : SA11AI.32272
 Amount of Each Receipt this Period **100.00**

SUBTOTAL of Receipts This Page (optional).....	400.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 207
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND

A. MR JAMES G CARTER 253
 Full Name (Last, First, Middle Initial)
 Mailing Address 5107 HOPEWELL DR
 City CROSS LANES State WV Zip Code 25313
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 27 / 2014
Transaction ID : SA11AI.32271
 Amount of Each Receipt this Period
 100.00

B. MRS DOSIA S CASEY 764
 Full Name (Last, First, Middle Initial)
 Mailing Address PO BOX 2379
 City ALBANY State TX Zip Code 76430
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation HOMEMAKER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 14 / 2014
Transaction ID : SA11AI.32308
 Amount of Each Receipt this Period
 75.00

C. MS ELIZABETH A CATER 433
 Full Name (Last, First, Middle Initial)
 Mailing Address 507 W FINDLAY ST
 City CAREY State OH Zip Code 43316
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 11 / 2014
Transaction ID : SA11AI.32341
 Amount of Each Receipt this Period
 200.00

SUBTOTAL of Receipts This Page (optional).....▶	375.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 20 OF 207
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND

A. MS ELIZABETH A CATER 433
 Full Name (Last, First, Middle Initial)
 Mailing Address 507 W FINDLAY ST
 City CAREY State OH Zip Code 43316
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 04 / 2014
Transaction ID : SA11AI.32340
 Amount of Each Receipt this Period
 300.00

B. MR MICHAEL CECE 601
 Full Name (Last, First, Middle Initial)
 Mailing Address 1112 LOWELL LN
 City SCHAUMBURG State IL Zip Code 60193
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ -30.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 23 / 2014
Transaction ID : SA11AI.32367
 Amount of Each Receipt this Period
 -30.00

C. MR DENNIS CHRISTOFFER 561
 Full Name (Last, First, Middle Initial)
 Mailing Address 78255 360TH AVE
 City ROUND LAKE State MN Zip Code 56167
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ -10.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 05 / 2014
Transaction ID : SA11AI.32540
 Amount of Each Receipt this Period
 -10.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 260.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 207
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND

A. MR FRANK A CICATIELLO 354
 Full Name (Last, First, Middle Initial)
 Mailing Address 4934 WOODLAND FORREST DR
 City TUSCALOOSA State AL Zip Code 35405
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 09 / 2014
Transaction ID : SA11AI.32564
 Amount of Each Receipt this Period
 1000.00

B. MR JAMES A COATS 657
 Full Name (Last, First, Middle Initial)
 Mailing Address 4537 COUNTY LINE RD
 City MOUNTAIN GROVE State MO Zip Code 65711
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ -35.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 15 / 2014
Transaction ID : SA11AI.32720
 Amount of Each Receipt this Period
 -35.00

C. MR JAMES B COBB 700
 Full Name (Last, First, Middle Initial)
 Mailing Address 166 W OAKRIDGE PARK
 City METAIRIE State LA Zip Code 70005
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 27 / 2014
Transaction ID : SA11AI.32728
 Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional).....▶	1065.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 207
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND

A. MR FRANK COMPTON 857
 Full Name (Last, First, Middle Initial)
 Mailing Address 2691 E CALLE SIN PECADO
 City TUCSON State AZ Zip Code 85718
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF EMPLOYED Occupation PILOT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2014
Transaction ID : SA11AI.32863
 Amount of Each Receipt this Period
 200.00

B. MRS BONNIE WHITE COON 365
 Full Name (Last, First, Middle Initial)
 Mailing Address PO BOX 291
 City ATMORE State AL Zip Code 36504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer DIAMOND GASOLINE Occupation STATION OWNER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 22 / 2014
Transaction ID : SA11AI.32939
 Amount of Each Receipt this Period
 500.00

C. MR PAUL CORRIGAN 480
 Full Name (Last, First, Middle Initial)
 Mailing Address 26980 CRESTWOOD DR
 City FRANKLIN State MI Zip Code 48025
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CORRIGAN MOVING SYSTEMS Occupation BUSINESS OWNER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 21 / 2014
Transaction ID : SA11AI.33007
 Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional).....▶	1200.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 23 OF 207
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND

A. MR PAUL CORRIGAN 480
 Full Name (Last, First, Middle Initial)
 Mailing Address 26980 CRESTWOOD DR
 City State Zip Code
 FRANKLIN MI 48025
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CORRIGAN MOVING SYSTEMS BUSINESS OWNER
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1150.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 22 / 2014
Transaction ID : SA11AI.33006
 Amount of Each Receipt this Period
 150.00

B. MR ANTHONY P COSTA 070
 Full Name (Last, First, Middle Initial)
 Mailing Address 1275 BLOOMFIELD AVE
 STE 140
 City State Zip Code
 FAIRFIELD NJ 07004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 FULL SERVICE CAR & TRUCK WASH BUSINESS OWNER
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 11 / 2014
Transaction ID : SA11AI.33017
 Amount of Each Receipt this Period
 300.00

C. MR PAUL COSTA 894
 Full Name (Last, First, Middle Initial)
 Mailing Address 99 UPPER COLONY RD
 City State Zip Code
 WELLINGTON NV 89444
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 US MARINES RETIRED
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 09 / 2014
Transaction ID : SA11AI.33019
 Amount of Each Receipt this Period
 300.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 750.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 207
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND

A. MS MARCIA B CRAMP 196
 Full Name (Last, First, Middle Initial)
 Mailing Address 2000 CAMBRIDGE AVE
 APT 217
 City READING State PA Zip Code 19610
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation HOMEMAKER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 06 / 2014
Transaction ID : SA11AI.33149
 Amount of Each Receipt this Period
1000.00

B. MR ROBERT CRAMPTON 956
 Full Name (Last, First, Middle Initial)
 Mailing Address 1140 N LINCOLN ST
 City DIXON State CA Zip Code 95620
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **270.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 24 / 2014
Transaction ID : SA11AI.33151
 Amount of Each Receipt this Period
100.00

C. MS PATRICIA S CRARY 581
 Full Name (Last, First, Middle Initial)
 Mailing Address 2522 18TH ST S
 City FARGO State ND Zip Code 58103
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 09 / 2014
Transaction ID : SA11AI.33157
 Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional).....	1400.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 207
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND

A. MR MICHAEL J CURL 285
 Full Name (Last, First, Middle Initial)
 Mailing Address 128 ROCKS LN
 City NEWPORT State NC Zip Code 28570
 FEC ID number of contributing federal political committee. **C**
 Name of Employer GLASS PRO SYSTEMS Occupation BUSINESS OWNER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2014
Transaction ID : SA11AI.33305
 Amount of Each Receipt this Period
 75.00

B. MR RICHARD W DARK 630 SR
 Full Name (Last, First, Middle Initial)
 Mailing Address 710 WILLOW SPRING HILL CT
 City TOWN AND COUNTRY State MO Zip Code 63017
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ -25.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 19 / 2014
Transaction ID : SA11AI.33432
 Amount of Each Receipt this Period
 -25.00

C. MS JANIS A DAVIS 325
 Full Name (Last, First, Middle Initial)
 Mailing Address 5084 MANDAVILLA BLVD
 City GULF BREEZE State FL Zip Code 32563
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF EMPLOYED Occupation INTERIOR DESIGNER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 24 / 2014
Transaction ID : SA11AI.33512
 Amount of Each Receipt this Period
 30.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 80.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 26 OF 207
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND

A. MS JANIS A DAVIS 325
 Full Name (Last, First, Middle Initial)
 Mailing Address 5084 MANDAVILLA BLVD
 City State Zip Code
 GULF BREEZE FL 32563
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 SELF EMPLOYED INTERIOR DESIGNER
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 26 / 2014
Transaction ID : SA11AI.33511
 Amount of Each Receipt this Period
 30.00

B. MS JANIS A DAVIS 325
 Full Name (Last, First, Middle Initial)
 Mailing Address 5084 MANDAVILLA BLVD
 City State Zip Code
 GULF BREEZE FL 32563
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 SELF EMPLOYED INTERIOR DESIGNER
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 270.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 24 / 2014
Transaction ID : SA11AI.33513
 Amount of Each Receipt this Period
 30.00

C. MR EVAN E DAVIS 456
 Full Name (Last, First, Middle Initial)
 Mailing Address 1114 MORIAH RD
 City State Zip Code
 OAK HILL OH 45656
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 OAK HILL BANK BANKER
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 21 / 2014
Transaction ID : SA11AI.33519
 Amount of Each Receipt this Period
 300.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 360.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 207
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND

A. MRS LOUISE G DAVIS 780
 Full Name (Last, First, Middle Initial)
 Mailing Address PO BOX 537
 City COTULLA State TX Zip Code 78014
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CHEYENNE TRADERS INC Occupation DIRECTOR
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **350.00**

Date of Receipt **04 / 29 / 2014**
Transaction ID : SA11AI.33539
 Amount of Each Receipt this Period **175.00**

B. MS HELEN R DAWSON 765
 Full Name (Last, First, Middle Initial)
 Mailing Address 5320 205 LOOP APT 263
 City TEMPLE State TX Zip Code 76502
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation HOMEMAKER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **300.00**

Date of Receipt **05 / 23 / 2014**
Transaction ID : SA11AI.33572
 Amount of Each Receipt this Period **200.00**

C. MRS MARIE T DAY 837
 Full Name (Last, First, Middle Initial)
 Mailing Address 3603 W HILLCREST DR
 City BOISE State ID Zip Code 83705
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **235.00**

Date of Receipt **05 / 02 / 2014**
Transaction ID : SA11AI.33590
 Amount of Each Receipt this Period **100.00**

SUBTOTAL of Receipts This Page (optional)..... **475.00**
TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 28 OF 207
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND

A. MRS MARIE T DAY 837
 Full Name (Last, First, Middle Initial)
 Mailing Address 3603 W HILLCREST DR
 City BOISE State ID Zip Code 83705
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 310.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 06 / 2014
Transaction ID : SA11AI.33589
 Amount of Each Receipt this Period
 75.00

B. MS SHARON K DEAKINS 743
 Full Name (Last, First, Middle Initial)
 Mailing Address 63800 E 300 RD
 City GROVE State OK Zip Code 74344
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2014
Transaction ID : SA11AI.33601
 Amount of Each Receipt this Period
 30.00

C. MS BRENDA DEAN 640
 Full Name (Last, First, Middle Initial)
 Mailing Address 911 S PRAIRIE LN
 City RAYMORE State MO Zip Code 64083
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation HOMEMAKER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 28 / 2014
Transaction ID : SA11AI.33614
 Amount of Each Receipt this Period
 300.00

SUBTOTAL of Receipts This Page (optional).....▶	405.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 30 OF 207
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND

A. MS ROXANN B DILLON 240
 Full Name (Last, First, Middle Initial)
 Mailing Address PO BOX 549
 City State Zip Code
 BASSETT VA 24055
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 NONE NOT EMPLOYED
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 375.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2014
Transaction ID : SA11AI.33833
 Amount of Each Receipt this Period
 100.00

B. MR CHARLES OREILLY DOUD 910
 Full Name (Last, First, Middle Initial)
 Mailing Address 4254 CHEVY CHASE DR
 City State Zip Code
 LA CANADA FLT CA 91011
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CROWELL WEEDON INVESTMENTS PARTNER
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 12 / 2014
Transaction ID : SA11AI.33978
 Amount of Each Receipt this Period
 40.00

C. MR CHARLES OREILLY DOUD 910
 Full Name (Last, First, Middle Initial)
 Mailing Address 4254 CHEVY CHASE DR
 City State Zip Code
 LA CANADA FLT CA 91011
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CROWELL WEEDON INVESTMENTS PARTNER
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 440.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 09 / 2014
Transaction ID : SA11AI.33977
 Amount of Each Receipt this Period
 200.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 340.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 207
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND

A. MR CHARLES OREILLY DOUD 910
 Full Name (Last, First, Middle Initial)
 Mailing Address 4254 CHEVY CHASE DR
 City LA CANADA FLT State CA Zip Code 91011
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CROWELL WEEDON INVESTMENTS Occupation PARTNER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 12 / 2014
Transaction ID : SA11AI.33980
 Amount of Each Receipt this Period
 400.00

B. MR JOHN DUKE 350
 Full Name (Last, First, Middle Initial)
 Mailing Address 1594 VIRGINIA LN
 City BESSEMER State AL Zip Code 35023
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF EMPLOYED Occupation DOCTOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 28 / 2014
Transaction ID : SA11AI.34086
 Amount of Each Receipt this Period
 200.00

C. MS JOAN M EDSON 494
 Full Name (Last, First, Middle Initial)
 Mailing Address PO BOX 145
 City HUDSONVILLE State MI Zip Code 49426
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 29 / 2014
Transaction ID : SA11AI.34275
 Amount of Each Receipt this Period
 50.00

SUBTOTAL of Receipts This Page (optional).....▶	290.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 207
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND

A. MR JAMES EDWARDS 361
 Full Name (Last, First, Middle Initial)
 Mailing Address 3502 BANKHEAD AVE
 City MONTGOMERY State AL Zip Code 36111
 FEC ID number of contributing federal political committee. **C**
 Name of Employer JAMES H EDWARDS III, MD Occupation PHYSICIAN
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 28 / 2014
Transaction ID : SA11AI.34279
 Amount of Each Receipt this Period
300.00

B. MRS WILMA M EDWARDS 920
 Full Name (Last, First, Middle Initial)
 Mailing Address PO BOX 2948
 City DEL MAR State CA Zip Code 92014
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **450.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 18 / 2014
Transaction ID : SA11AI.34289
 Amount of Each Receipt this Period
150.00

C. MRS DONNA EGGEMEYER 797
 Full Name (Last, First, Middle Initial)
 Mailing Address 217 BLACKBERRY CIR
 City MIDLAND State TX Zip Code 79705
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CAVRI LLC Occupation DIRECTOR
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **300.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 14 / 2014
Transaction ID : SA11AI.34295
 Amount of Each Receipt this Period
150.00

SUBTOTAL of Receipts This Page (optional).....▶	600.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 207
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND

A. MS LETA J EHRMAN 660
 Full Name (Last, First, Middle Initial)
 Mailing Address 1501 INVERNESS DR
 APT 308
 City LAWRENCE State KS Zip Code 66047
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2014
Transaction ID : SA11AI.34305
 Amount of Each Receipt this Period
 100.00

B. MS MARY JOYCEANN EVANS 129
 Full Name (Last, First, Middle Initial)
 Mailing Address 33 EVANS LN
 City LAKE PLACID State NY Zip Code 12946
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 16 / 2014
Transaction ID : SA11AI.34533
 Amount of Each Receipt this Period
 250.00

C. MS PHYLLIS B EWELL 775
 Full Name (Last, First, Middle Initial)
 Mailing Address 3807 CROSBY CEDAR BAYOU RD
 City BAYTOWN State TX Zip Code 77521
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 22 / 2014
Transaction ID : SA11AI.34598
 Amount of Each Receipt this Period
 200.00

SUBTOTAL of Receipts This Page (optional).....▶	550.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 34 OF 207
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND

A. MS KATHLEEN G FARLER 982
 Full Name (Last, First, Middle Initial)
 Mailing Address 4510 95TH ST NE
 City MARYSVILLE State WA Zip Code 98270
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 215.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2014
Transaction ID : SA11AI.34654
 Amount of Each Receipt this Period
 50.00

B. MR ROBERT FERGUSON 075
 Full Name (Last, First, Middle Initial)
 Mailing Address 19 MOUNTAINVIEW DR
 City HALEDON State NJ Zip Code 07508
 FEC ID number of contributing federal political committee. **C**
 Name of Employer FASHION INSTITUTE OF TECHNOLOGY Occupation VICE PRESIDENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 16 / 2014
Transaction ID : SA11AI.34733
 Amount of Each Receipt this Period
 150.00

C. MR DAVID E FERGUSON 559
 Full Name (Last, First, Middle Initial)
 Mailing Address 700 1ST DR NW APT 248
 City AUSTIN State MN Zip Code 55912
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ -25.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 05 / 2014
Transaction ID : SA11AI.34742
 Amount of Each Receipt this Period
 -25.00

SUBTOTAL of Receipts This Page (optional).....▶	175.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 207
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND

A. MR DAVID E FERGUSON 559
 Full Name (Last, First, Middle Initial)
 Mailing Address 700 1ST DR NW
 APT 248
 City AUSTIN State MN Zip Code 55912
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ -50.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 05 / 2014
Transaction ID : SA11AI.34743
 Amount of Each Receipt this Period
 -25.00

B. H DUSTIN FILLMORE 761
 Full Name (Last, First, Middle Initial)
 Mailing Address 2712 MANORWOOD TRL
 City FORT WORTH State TX Zip Code 76109
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 10 / 2014
Transaction ID : SA11AI.34814
 Amount of Each Receipt this Period
 200.00

C. MR RAYMOND N FINK 488
 Full Name (Last, First, Middle Initial)
 Mailing Address PO BOX 134
 City WILLIAMSTON State MI Zip Code 48895
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 17 / 2014
Transaction ID : SA11AI.34823
 Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 275.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 207
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND

A. MR RAYMOND N FINK 488
 Full Name (Last, First, Middle Initial)
 Mailing Address PO BOX 134

City WILLIAMSTON	State MI	Zip Code 48895
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer NONE	Occupation RETIRED
--------------------------	-----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 540.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 25 / 2014
Transaction ID : SA11AI.34822

Amount of Each Receipt this Period
 200.00

B. MR RAYMOND N FINK 488
 Full Name (Last, First, Middle Initial)
 Mailing Address PO BOX 134

City WILLIAMSTON	State MI	Zip Code 48895
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer NONE	Occupation RETIRED
--------------------------	-----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 640.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 09 / 2014
Transaction ID : SA11AI.34821

Amount of Each Receipt this Period
 100.00

C. MRS SUSAN MARIE FITZHUGH 890
 Full Name (Last, First, Middle Initial)
 Mailing Address 3169 DEGAS TAPESTRY AVE

City HENDERSON	State NV	Zip Code 89044
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer NONE	Occupation HOMEMAKER
--------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 04 / 2014
Transaction ID : SA11AI.34904

Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional).....▶	400.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 207
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND

A. MRS THETYS DIANA FOSTER 208
 Full Name (Last, First, Middle Initial)
 Mailing Address 2 SOTWEED CT
 City POTOMAC State MD Zip Code 20854
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 20 / 2014
Transaction ID : SA11AI.35026
 Amount of Each Receipt this Period
 200.00

B. MRS ELEANOR S FOX 339
 Full Name (Last, First, Middle Initial)
 Mailing Address 13572 PINE VILLA LN
 City FORT MYERS State FL Zip Code 33912
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 02 / 2014
Transaction ID : SA11AI.35060
 Amount of Each Receipt this Period
 300.00

C. MR RONALD D FRANCIS 561
 Full Name (Last, First, Middle Initial)
 Mailing Address 974 161ST ST
 City PIPESTONE State MN Zip Code 56164
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 29 / 2014
Transaction ID : SA11AI.35078
 Amount of Each Receipt this Period
 200.00

SUBTOTAL of Receipts This Page (optional).....▶	700.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 207
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND

A. MR MARION M FRANK 448
 Full Name (Last, First, Middle Initial)
 Mailing Address 6948 TOWNSHIP ROAD 451
 City LOUDONVILLE State OH Zip Code 44842
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 13 / 2014
Transaction ID : SA11AI.35084
 Amount of Each Receipt this Period
 100.00

B. MR GARY D FREDETTE 765
 Full Name (Last, First, Middle Initial)
 Mailing Address 4400 RAINLILY ST
 City KILLEEN State TX Zip Code 76542
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 07 / 2014
Transaction ID : SA11AI.35133
 Amount of Each Receipt this Period
 100.00

C. MR GARY D FREDETTE 765
 Full Name (Last, First, Middle Initial)
 Mailing Address 4400 RAINLILY ST
 City KILLEEN State TX Zip Code 76542
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 18 / 2014
Transaction ID : SA11AI.35132
 Amount of Each Receipt this Period
 50.00

SUBTOTAL of Receipts This Page (optional).....▶	250.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 207
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND

A. MR MYLES B GALCERAN 777
 Full Name (Last, First, Middle Initial)
 Mailing Address 5720 EMILY LN
 City BEAUMONT State TX Zip Code 77713
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 10 / 2014
Transaction ID : SA11AI.35272
 Amount of Each Receipt this Period
 100.00

B. MS SONJA GERQUEST 064
 Full Name (Last, First, Middle Initial)
 Mailing Address 5101 ASHLAR VLG
 City WALLINGFORD State CT Zip Code 06492
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 22 / 2014
Transaction ID : SA11AI.35482
 Amount of Each Receipt this Period
 200.00

C. MR STEVE A GIBBS 114
 Full Name (Last, First, Middle Initial)
 Mailing Address 16035 121ST AVE
 City JAMAICA State NY Zip Code 11434
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation UNEMPLOYED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 17 / 2014
Transaction ID : SA11AI.35508
 Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional).....▶	400.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 207
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND

A. MRS MARY A GILBERT 751
 Full Name (Last, First, Middle Initial)
 Mailing Address 3713 NABHOLTZ LN
 City MESQUITE State TX Zip Code 75150
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 28 / 2014
Transaction ID : SA11AI.35550
 Amount of Each Receipt this Period
 100.00

B. MS CYNTHIA A GIUMARRA 933
 Full Name (Last, First, Middle Initial)
 Mailing Address 15121 SAN DOMINGO PL
 City BAKERSFIELD State CA Zip Code 93306
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF EMPLOYED Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 10 / 2014
Transaction ID : SA11AI.35603
 Amount of Each Receipt this Period
 5000.00

C. MR ROBERT GLENN 850
 Full Name (Last, First, Middle Initial)
 Mailing Address 13240 N TATUM BLVD
 APT 204
 City PHOENIX State AZ Zip Code 85032
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ -200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 13 / 2014
Transaction ID : SA11AI.35629
 Amount of Each Receipt this Period
 -200.00

SUBTOTAL of Receipts This Page (optional).....▶	4900.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 41 OF 207
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND

A. MRS TRINIDAD R GONZALEZ 760
 Full Name (Last, First, Middle Initial)
 Mailing Address 920 CARPENTER ST
 City AZLE State TX Zip Code 76020
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation NOT EMPLOYED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 10 / 2014
Transaction ID : SA11AI.35723
 Amount of Each Receipt this Period
 125.00

B. MRS GWEN E GRACE 103
 Full Name (Last, First, Middle Initial)
 Mailing Address 300 COMBS AVE
 City STATEN ISLAND State NY Zip Code 10306
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 26 / 2014
Transaction ID : SA11AI.35834
 Amount of Each Receipt this Period
 150.00

C. MRS GWEN E GRACE 103
 Full Name (Last, First, Middle Initial)
 Mailing Address 300 COMBS AVE
 City STATEN ISLAND State NY Zip Code 10306
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 475.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 05 / 2014
Transaction ID : SA11AI.35833
 Amount of Each Receipt this Period
 75.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 350.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 207
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND

A. MS MARJORIE S GRAHAM 350
 Full Name (Last, First, Middle Initial)
 Mailing Address 100 TIMBERLEAF CIR
 City ALABASTER State AL Zip Code 35007
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 290.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 15 / 2014
Transaction ID : SA11AI.35848
 Amount of Each Receipt this Period
 100.00

B. MS MARJORIE S GRAHAM 350
 Full Name (Last, First, Middle Initial)
 Mailing Address 100 TIMBERLEAF CIR
 City ALABASTER State AL Zip Code 35007
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 02 / 2014
Transaction ID : SA11AI.35847
 Amount of Each Receipt this Period
 50.00

C. MRS MARILYN G GRAY 284
 Full Name (Last, First, Middle Initial)
 Mailing Address 1808 MEWS DR
 City WILMINGTON State NC Zip Code 28405
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 19 / 2014
Transaction ID : SA11AI.35900
 Amount of Each Receipt this Period
 200.00

SUBTOTAL of Receipts This Page (optional).....▶	350.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 43 OF 207
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND

A. MRS MARILYN G GRAY 284
 Full Name (Last, First, Middle Initial)
 Mailing Address 1808 MEWS DR
 City WILMINGTON State NC Zip Code 28405
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 04 / 2014
Transaction ID : SA11AI.35901
 Amount of Each Receipt this Period
 300.00

B. MAJ EDWIN T GRAY 720
 Full Name (Last, First, Middle Initial)
 Mailing Address 1001 MCARTHUR DR
 City JACKSONVILLE State AR Zip Code 72076
 FEC ID number of contributing federal political committee. **C**
 Name of Employer US MARINE CORPS Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 24 / 2014
Transaction ID : SA11AI.35909
 Amount of Each Receipt this Period
 200.00

C. MS ANNIE L GRIMNER 779
 Full Name (Last, First, Middle Initial)
 Mailing Address 1255 HOEHNE RD
 City CUERO State TX Zip Code 77954
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation HOMEMAKER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 02 / 2014
Transaction ID : SA11AI.36052
 Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 330.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 207
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND

A. MS ANNIE L GRIMNER 779
 Full Name (Last, First, Middle Initial)
 Mailing Address 1255 HOEHNE RD
 City CUERO State TX Zip Code 77954
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation HOMEMAKER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 18 / 2014
Transaction ID : SA11AI.36054
 Amount of Each Receipt this Period
 250.00

B. MS ANNIE L GRIMNER 779
 Full Name (Last, First, Middle Initial)
 Mailing Address 1255 HOEHNE RD
 City CUERO State TX Zip Code 77954
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation HOMEMAKER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 15 / 2014
Transaction ID : SA11AI.36053
 Amount of Each Receipt this Period
 200.00

C. MR H DUANE HANSEN 857
 Full Name (Last, First, Middle Initial)
 Mailing Address 8954 E OLD SPANISH TRL
 City TUCSON State AZ Zip Code 85710
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 21 / 2014
Transaction ID : SA11AI.36343
 Amount of Each Receipt this Period
 200.00

SUBTOTAL of Receipts This Page (optional).....▶	650.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 45 OF 207
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND

A. MR JACK S HARRISON 320
 Full Name (Last, First, Middle Initial)
 Mailing Address 1404 BEACH WALKER RD
 City State Zip Code
 AMELIA ISLAND FL 32034
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 NONE RETIRED
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 23 / 2014
Transaction ID : SA11AI.36497
 Amount of Each Receipt this Period
 150.00

B. MR ROBERT L HAWKINS 651 JR
 Full Name (Last, First, Middle Initial)
 Mailing Address 4208B WILLOWLAKE CT
 City State Zip Code
 JEFFERSON CITY MO 65109
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 NONE RETIRED
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 12 / 2014
Transaction ID : SA11AI.36625
 Amount of Each Receipt this Period
 200.00

C. MR DONALD E HAZELWOOD 740
 Full Name (Last, First, Middle Initial)
 Mailing Address 23591 N 4020 RD
 City State Zip Code
 BARTLESVILLE OK 74006
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 SELF EMPLOYED MINISTER
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 22 / 2014
Transaction ID : SA11AI.36651
 Amount of Each Receipt this Period
 125.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 475.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 46 OF 207
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND

A. MR HERBERT HEDGPETH 974
 Full Name (Last, First, Middle Initial)
 Mailing Address 15950 OCEANVIEW DR
 City State Zip Code
 BROOKINGS OR 97415
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 NONE RETIRED
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 02 / 2014
Transaction ID : SA11AI.36696
 Amount of Each Receipt this Period
 200.00

B. MS CATHY L HEIDE 972
 Full Name (Last, First, Middle Initial)
 Mailing Address 1522 NE 143RD AVE
 City State Zip Code
 PORTLAND OR 97230
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 NONE HOMEMAKER
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 07 / 2014
Transaction ID : SA11AI.36710
 Amount of Each Receipt this Period
 30.00

C. MR FRANK HENRY 208
 Full Name (Last, First, Middle Initial)
 Mailing Address 9805 BRIXTON LN
 City State Zip Code
 BETHESDA MD 20817
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 NONE Retired
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 18 / 2014
Transaction ID : SA11AI.36799
 Amount of Each Receipt this Period
 200.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 430.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 207
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND

A. MR THOMAS HERRON 775
 Full Name (Last, First, Middle Initial)
 Mailing Address 1426 COUNTY ROAD 47
 City ANGLETON State TX Zip Code 77515
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CENTENNIAL MEDICAL CTR Occupation CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 08 / 2014
Transaction ID : SA11AI.36866
 Amount of Each Receipt this Period
 500.00

B. MRS PHYLLIS HESS 614
 Full Name (Last, First, Middle Initial)
 Mailing Address 19485 N 1700TH RD
 City BUSHNELL State IL Zip Code 61422
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF EMPLOYED Occupation FARMER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 07 / 2014
Transaction ID : SA11AI.36888
 Amount of Each Receipt this Period
 250.00

C. MR FRANK HILL 731
 Full Name (Last, First, Middle Initial)
 Mailing Address 8109 NW 130TH PL
 City OKLAHOMA CITY State OK Zip Code 73142
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF EMPLOYED Occupation ATTORNEY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 12 / 2014
Transaction ID : SA11AI.36969
 Amount of Each Receipt this Period
 200.00

SUBTOTAL of Receipts This Page (optional).....▶	950.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 48 OF 207
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND

A. MS DORIE HILLIARD 751
 Full Name (Last, First, Middle Initial)
 Mailing Address 1909 VZ COUNTY ROAD 1106

City CANTON	State TX	Zip Code 75103
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer NONE	Occupation HOMEMAKER
--------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 19 / 2014
Transaction ID : SA11AI.36993

Amount of Each Receipt this Period
 150.00

B. MS DORIE HILLIARD 751
 Full Name (Last, First, Middle Initial)
 Mailing Address 1909 VZ COUNTY ROAD 1106

City CANTON	State TX	Zip Code 75103
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer NONE	Occupation HOMEMAKER
--------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 21 / 2014
Transaction ID : SA11AI.36994

Amount of Each Receipt this Period
 100.00

C. MR LARRY LEE HOFMANN 584
 Full Name (Last, First, Middle Initial)
 Mailing Address 3720 55TH AVE SE

City MEDINA	State ND	Zip Code 58467
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer HOFMANN TRUCKING LLC	Occupation BUSINESS OWNER
--	------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 14 / 2014
Transaction ID : SA11AI.37094

Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional).....▶	750.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 207
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND

Full Name (Last, First, Middle Initial) A. MR LARRY LEE HOFMANN 584			Date of Receipt M M M / D D D / Y Y Y Y Y Y 06 / 10 / 2014 Transaction ID : SA11AI.37093
Mailing Address 3720 55TH AVE SE			Amount of Each Receipt this Period 1000.00
City MEDINA	State ND	Zip Code 58467	
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 2000.00
Name of Employer HOFMANN TRUCKING LLC		Occupation BUSINESS OWNER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. MR JIMMY L HOLMES 710 SR			Date of Receipt M M M / D D D / Y Y Y Y Y Y 06 / 18 / 2014 Transaction ID : SA11AI.37163
Mailing Address 619 MARSHALL RD			Amount of Each Receipt this Period 100.00
City KEATCHIE	State LA	Zip Code 71046	
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 250.00
Name of Employer NONE		Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. MS LENNIE HOUSE 405			Date of Receipt M M M / D D D / Y Y Y Y Y Y 06 / 03 / 2014 Transaction ID : SA11AI.37300
Mailing Address 101 VENTURE CT			Amount of Each Receipt this Period 1000.00
City LEXINGTON	State KY	Zip Code 40511	
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 1000.00
Name of Employer NURSES REGISTRY INC		Occupation BUSINESS OWNER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional).....▶	2100.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 207
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND

A. MR RONNIE HOWELL 788

Full Name (Last, First, Middle Initial)
Mailing Address 2400 VETERANS BLVD
STE 16C

City DEL RIO State TX Zip Code 78840

FEC ID number of contributing federal political committee. **C**

Name of Employer NONE Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
05 / 28 / 2014
Transaction ID : SA11AI.37334

Amount of Each Receipt this Period
150.00

B. MR RONNIE HOWELL 788

Full Name (Last, First, Middle Initial)
Mailing Address 2400 VETERANS BLVD
STE 16C

City DEL RIO State TX Zip Code 78840

FEC ID number of contributing federal political committee. **C**

Name of Employer NONE Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
05 / 29 / 2014
Transaction ID : SA11AI.37335

Amount of Each Receipt this Period
200.00

C. MR LEWIS HOWELL 937

Full Name (Last, First, Middle Initial)
Mailing Address 325 E SHIELDS AVE

City FRESNO State CA Zip Code 93704

FEC ID number of contributing federal political committee. **C**

Name of Employer AMERICAN BEAUTY SUPPLY Occupation SALESMAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
06 / 03 / 2014
Transaction ID : SA11AI.37336

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional).....▶	450.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 207
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND

Full Name (Last, First, Middle Initial) A. MS LINDA HUGHES 926		Date of Receipt
Mailing Address 66 LINDA ISLE		M M M / D D D / Y Y Y Y Y Y 06 / 19 / 2014
City	State	Zip Code
NEWPORT BEACH	CA	92660
FEC ID number of contributing federal political committee. C		Transaction ID : SA11AI.37412
Name of Employer SELF EMPLOYED		Amount of Each Receipt this Period
Occupation ATTORNEY		200.00
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		
<input type="checkbox"/> Other (specify) ▼	300.00	

Full Name (Last, First, Middle Initial) B. MRS WILMA L HULL 973		Date of Receipt
Mailing Address 2965 SW 53RD ST		M M M / D D D / Y Y Y Y Y Y 04 / 23 / 2014
City	State	Zip Code
CORVALLIS	OR	97333
FEC ID number of contributing federal political committee. C		Transaction ID : SA11AI.37418
Name of Employer NONE		Amount of Each Receipt this Period
Occupation RETIRED		300.00
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		
<input type="checkbox"/> Other (specify) ▼	300.00	

Full Name (Last, First, Middle Initial) C. MR JAMES JACKSON 704		Date of Receipt
Mailing Address 276 CAROLE DR		M M M / D D D / Y Y Y Y Y Y 04 / 16 / 2014
City	State	Zip Code
MANDEVILLE	LA	70448
FEC ID number of contributing federal political committee. C		Transaction ID : SA11AI.37611
Name of Employer NONE		Amount of Each Receipt this Period
Occupation NOT EMPLOYED		250.00
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		
<input type="checkbox"/> Other (specify) ▼	285.00	

SUBTOTAL of Receipts This Page (optional).....▶	750.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 OF 207
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND

A. MR JAMES JACKSON 704
 Full Name (Last, First, Middle Initial)
 Mailing Address 276 CAROLE DR
 City MANDEVILLE State LA Zip Code 70448
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation NOT EMPLOYED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 13 / 2014
Transaction ID : SA11AI.37612
 Amount of Each Receipt this Period
 35.00

B. MS MARY L JETER 361
 Full Name (Last, First, Middle Initial)
 Mailing Address 3546 VAUGHN RD
 City MONTGOMERY State AL Zip Code 36106
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2014
Transaction ID : SA11AI.37801
 Amount of Each Receipt this Period
 100.00

C. MR DANIEL JOHNESE 805
 Full Name (Last, First, Middle Initial)
 Mailing Address 2900 SKIMMERHORN ST
 City FORT COLLINS State CO Zip Code 80526
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF EMPLOYED Occupation REAL ESTATE WHOLESALER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2014
Transaction ID : SA11AI.37819
 Amount of Each Receipt this Period
 200.00

SUBTOTAL of Receipts This Page (optional).....▶	335.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 53 OF 207
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND

A. MR ERIC J JOHNSON 460
 Full Name (Last, First, Middle Initial)
 Mailing Address 837 S PARK TRAIL DR
 City CARMEL State IN Zip Code 46032
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 22 / 2014
Transaction ID : SA11AI.37865
 Amount of Each Receipt this Period
 500.00

B. MS GERALDINE F JOHNSON 460
 Full Name (Last, First, Middle Initial)
 Mailing Address 1074 TIMBER CREEK DR UNIT 1
 City CARMEL State IN Zip Code 46032
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 28 / 2014
Transaction ID : SA11AI.37866
 Amount of Each Receipt this Period
 150.00

C. MR EDWARD J JOHNSON 857
 Full Name (Last, First, Middle Initial)
 Mailing Address 5160 N SABINO FOOTHILLS DR
 City TUCSON State AZ Zip Code 85750
 FEC ID number of contributing federal political committee. **C**
 Name of Employer INVEST-COM REAL ESTATE Occupation REAL ESTATE BROKER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 14 / 2014
Transaction ID : SA11AI.37920
 Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 750.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 207
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND

A. MR EDWARD J JOHNSON 857
 Full Name (Last, First, Middle Initial)
 Mailing Address 5160 N SABINO Foothills DR
 City TUCSON State AZ Zip Code 85750
 FEC ID number of contributing federal political committee. **C**
 Name of Employer INVEST-COM REAL ESTATE Occupation REAL ESTATE BROKER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 13 / 2014
Transaction ID : SA11AI.37921
 Amount of Each Receipt this Period
 250.00

B. MR EDWARD J JOHNSON 857
 Full Name (Last, First, Middle Initial)
 Mailing Address 5160 N SABINO Foothills DR
 City TUCSON State AZ Zip Code 85750
 FEC ID number of contributing federal political committee. **C**
 Name of Employer INVEST-COM REAL ESTATE Occupation REAL ESTATE BROKER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 20 / 2014
Transaction ID : SA11AI.37923
 Amount of Each Receipt this Period
 50.00

C. MR EDWARD J JOHNSON 857
 Full Name (Last, First, Middle Initial)
 Mailing Address 5160 N SABINO Foothills DR
 City TUCSON State AZ Zip Code 85750
 FEC ID number of contributing federal political committee. **C**
 Name of Employer INVEST-COM REAL ESTATE Occupation REAL ESTATE BROKER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 04 / 2014
Transaction ID : SA11AI.37922
 Amount of Each Receipt this Period
 50.00

SUBTOTAL of Receipts This Page (optional).....▶	125.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 55 OF 207
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND

A. MS SHIRLEY C JOHNSON 939
 Full Name (Last, First, Middle Initial)
 Mailing Address 3230 MACOMBER DR
 City PEBBLE BEACH State CA Zip Code 93953
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 27 / 2014
Transaction ID : SA11AI.37931
 Amount of Each Receipt this Period
 125.00

B. MS GLORIA B JONASSEN 076
 Full Name (Last, First, Middle Initial)
 Mailing Address 320 SCHRAALENBURGH RD
 City HAWORTH State NJ Zip Code 07641
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ -25.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 29 / 2014
Transaction ID : SA11AI.37962
 Amount of Each Receipt this Period
 -25.00

C. MS GLORIA B JONASSEN 076
 Full Name (Last, First, Middle Initial)
 Mailing Address 320 SCHRAALENBURGH RD
 City HAWORTH State NJ Zip Code 07641
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ -50.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 29 / 2014
Transaction ID : SA11AI.37963
 Amount of Each Receipt this Period
 -25.00

SUBTOTAL of Receipts This Page (optional).....▶	75.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 OF 207
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND

A. MS PAULINE B JONES 801
 Full Name (Last, First, Middle Initial)
 Mailing Address 3091 MILL VISTA RD
 UNIT 1013
 City LITTLETON State CO Zip Code 80129
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 205.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 18 / 2014
Transaction ID : SA11AI.38028
 Amount of Each Receipt this Period
 300.00

B. MR ALBERT KASTENS 677
 Full Name (Last, First, Middle Initial)
 Mailing Address 6629 ROAD 26
 City LUDELL State KS Zip Code 67744
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF EMPLOYED Occupation FARMER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 08 / 2014
Transaction ID : SA11AI.38197
 Amount of Each Receipt this Period
 200.00

C. MS JUDITH A KEILLOR 785
 Full Name (Last, First, Middle Initial)
 Mailing Address 3205 BANYON CIR
 City HARLINGEN State TX Zip Code 78550
 FEC ID number of contributing federal political committee. **C**
 Name of Employer BULK PACK INC Occupation MANAGER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 21 / 2014
Transaction ID : SA11AI.38246
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....▶	480.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 57 OF 207
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND

A. MR FRED B KELLER 770
 Full Name (Last, First, Middle Initial)
 Mailing Address 102 SUGARBERRY CIR
 City HOUSTON State TX Zip Code 77024
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 19 / 2014
Transaction ID : SA11AI.38264
 Amount of Each Receipt this Period
 300.00

B. MRS DIAN KENNEDY 913
 Full Name (Last, First, Middle Initial)
 Mailing Address 5906 ETIWANDA AVE UNIT 27
 City TARZANA State CA Zip Code 91356
 FEC ID number of contributing federal political committee. **C**
 Name of Employer DIAN KENNEDY DESIGNS INC Occupation DESIGNER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 20 / 2014
Transaction ID : SA11AI.38350
 Amount of Each Receipt this Period
 150.00

C. MR HAROLD S KERZNER 076
 Full Name (Last, First, Middle Initial)
 Mailing Address 530 FAIRVIEW AVE APT 301
 City WESTWOOD State NJ Zip Code 07675
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 05 / 2014
Transaction ID : SA11AI.38378
 Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 550.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 58 OF 207
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND

A. MR KEVIN F KRUEGER 544
 Full Name (Last, First, Middle Initial)
 Mailing Address 14758 NAUGART DR
 City ATHENS State WI Zip Code 54411
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF EMPLOYED Occupation AUTOMOTIVE SALES
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 14 / 2014
Transaction ID : SA11AI.38812
 Amount of Each Receipt this Period
 500.00

B. MS MARY JANE LAATZ 462
 Full Name (Last, First, Middle Initial)
 Mailing Address 6824 WILLOW RD
 City INDIANAPOLIS State IN Zip Code 46220
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 08 / 2014
Transaction ID : SA11AI.38907
 Amount of Each Receipt this Period
 200.00

C. MS MARY JANE LAATZ 462
 Full Name (Last, First, Middle Initial)
 Mailing Address 6824 WILLOW RD
 City INDIANAPOLIS State IN Zip Code 46220
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 02 / 2014
Transaction ID : SA11AI.38909
 Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 800.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 59 OF 207
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND

A. MS MARY JANE LAATZ 462
 Full Name (Last, First, Middle Initial)
 Mailing Address 6824 WILLOW RD
 City INDIANAPOLIS State IN Zip Code 46220
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 19 / 2014
Transaction ID : SA11AI.38906
 Amount of Each Receipt this Period
 200.00

B. MS MARY JANE LAATZ 462
 Full Name (Last, First, Middle Initial)
 Mailing Address 6824 WILLOW RD
 City INDIANAPOLIS State IN Zip Code 46220
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 24 / 2014
Transaction ID : SA11AI.38908
 Amount of Each Receipt this Period
 300.00

C. MR STEPHEN LANKHEIT 638
 Full Name (Last, First, Middle Initial)
 Mailing Address PO BOX 128
 City CHARLESTON State MO Zip Code 63834
 FEC ID number of contributing federal political committee. **C**
 Name of Employer LANKHEIT FARMS Occupation FARMER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 17 / 2014
Transaction ID : SA11AI.39059
 Amount of Each Receipt this Period
 200.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 700.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 60 OF 207
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND

A. MR STEPHEN LANKHEIT 638
 Full Name (Last, First, Middle Initial)
 Mailing Address PO BOX 128
 City CHARLESTON State MO Zip Code 63834
 FEC ID number of contributing federal political committee. **C**
 Name of Employer LANKHEIT FARMS Occupation FARMER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 23 / 2014
Transaction ID : SA11AI.39058
 Amount of Each Receipt this Period
 50.00

B. MR STEPHEN LANKHEIT 638
 Full Name (Last, First, Middle Initial)
 Mailing Address PO BOX 128
 City CHARLESTON State MO Zip Code 63834
 FEC ID number of contributing federal political committee. **C**
 Name of Employer LANKHEIT FARMS Occupation FARMER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 09 / 2014
Transaction ID : SA11AI.39057
 Amount of Each Receipt this Period
 25.00

C. MS JEAN E LAUGHERY 216
 Full Name (Last, First, Middle Initial)
 Mailing Address 29080 COLLIER LN
 City EASTON State MD Zip Code 21601
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ -20.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 08 / 2014
Transaction ID : SA11AI.39142
 Amount of Each Receipt this Period
 -20.00

SUBTOTAL of Receipts This Page (optional).....	55.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 OF 207
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND

A. MS SHIRLEY L LAURIN 483
 Full Name (Last, First, Middle Initial)
 Mailing Address 24583 MILLCREEK DR
 City FARMINGTON HILLS State MI Zip Code 48336
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 16 / 2014
Transaction ID : SA11AI.39155
 Amount of Each Receipt this Period
 150.00

B. MS SHIRLEY L LAURIN 483
 Full Name (Last, First, Middle Initial)
 Mailing Address 24583 MILLCREEK DR
 City FARMINGTON HILLS State MI Zip Code 48336
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 22 / 2014
Transaction ID : SA11AI.39154
 Amount of Each Receipt this Period
 150.00

C. MRS PATRICIA H LEACH 157
 Full Name (Last, First, Middle Initial)
 Mailing Address 532 PFEIFFER RD
 City MARION CENTER State PA Zip Code 15759
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 08 / 2014
Transaction ID : SA11AI.39208
 Amount of Each Receipt this Period
 225.00

SUBTOTAL of Receipts This Page (optional).....▶	525.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 62 OF 207
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND

A. MS SARA B LEACH 773
Full Name (Last, First, Middle Initial)

Mailing Address 3002 HEATHERPARK DR

City KINGWOOD State TX Zip Code 77345

FEC ID number of contributing federal political committee. **C**

Name of Employer NONE Occupation HOMEMAKER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 12 / 2014
Transaction ID : SA11AI.39216

Amount of Each Receipt this Period
 100.00

B. MRS ALICE LEBEWOHL 931
Full Name (Last, First, Middle Initial)

Mailing Address 5500 CALLE REAL BLDG A129

City SANTA BARBARA State CA Zip Code 93111

FEC ID number of contributing federal political committee. **C**

Name of Employer NONE Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 02 / 2014
Transaction ID : SA11AI.39228

Amount of Each Receipt this Period
 200.00

C. MRS ISABEL B LEIB 117
Full Name (Last, First, Middle Initial)

Mailing Address 1281 WOLVER HOLLOW RD

City OYSTER BAY State NY Zip Code 11771

FEC ID number of contributing federal political committee. **C**

Name of Employer NONE Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 12 / 2014
Transaction ID : SA11AI.39303

Amount of Each Receipt this Period
 350.00

SUBTOTAL of Receipts This Page (optional).....▶	650.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 OF 207
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND

A. MS ONA F LESTER 300
 Full Name (Last, First, Middle Initial)
 Mailing Address 1101 HUMPHRIES RD NW
 City CONYERS State GA Zip Code 30012
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 16 / 2014
Transaction ID : SA11AI.39360
 Amount of Each Receipt this Period
 50.00

B. MS DOROTHY L LEWIS 956
 Full Name (Last, First, Middle Initial)
 Mailing Address 2415 SHIRLAND PARK PL
 City AUBURN State CA Zip Code 95603
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 12 / 2014
Transaction ID : SA11AI.39411
 Amount of Each Receipt this Period
 125.00

C. MR DARRELL LIND 067
 Full Name (Last, First, Middle Initial)
 Mailing Address 51 DAVIDS HILL RD
 City WOODBURY State CT Zip Code 06798
 FEC ID number of contributing federal political committee. **C**
 Name of Employer WOODBURY WALL SYSTEMS Occupation DRYWALL CONTRACTOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 18 / 2014
Transaction ID : SA11AI.39437
 Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional).....▶	275.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 OF 207
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND

A. MS MARY M LOFSTROM 329
 Full Name (Last, First, Middle Initial)
 Mailing Address 9025 SOMERSET BAY LN
 APT 302
 City VERO BEACH State FL Zip Code 32963
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 02 / 2014
Transaction ID : SA11AI.39525
 Amount of Each Receipt this Period
 150.00

B. MR DON J LONG 656
 Full Name (Last, First, Middle Initial)
 Mailing Address 1830 HILL HAVEN RD
 City HOLLISTER State MO Zip Code 65672
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 04 / 2014
Transaction ID : SA11AI.39559
 Amount of Each Receipt this Period
 50.00

C. MR JERRY W LORETT 740
 Full Name (Last, First, Middle Initial)
 Mailing Address 1241 CIRCLE DR
 City SAPULPA State OK Zip Code 74066
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ -100.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 16 / 2014
Transaction ID : SA11AI.39598
 Amount of Each Receipt this Period
 -100.00

SUBTOTAL of Receipts This Page (optional).....▶	100.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 65 OF 207
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND

A. MS JUDITH LOTHMANN 481
 Full Name (Last, First, Middle Initial)
 Mailing Address 1721 CLFS LNDG APT 5
 City YPSILANTI State MI Zip Code 48198
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2014
Transaction ID : SA11AI.39610
 Amount of Each Receipt this Period
 150.00

B. MR LAWRENCE E LUDD 321
 Full Name (Last, First, Middle Initial)
 Mailing Address 4405 SEA MIST DR APT 114
 City NEW SMYRNA State FL Zip Code 32169
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 21 / 2014
Transaction ID : SA11AI.39680
 Amount of Each Receipt this Period
 225.00

C. MR KEVIN D LUSSENDEN 488
 Full Name (Last, First, Middle Initial)
 Mailing Address 3282 DEAN RD
 City HOWELL State MI Zip Code 48855
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF EMPLOYED Occupation PLUMBER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 06 / 2014
Transaction ID : SA11AI.39715
 Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional).....	475.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 OF 207
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND

A. MS LAURA MACCIA 719
 Full Name (Last, First, Middle Initial)
 Mailing Address 1925 MALVERN AVE
 City HOT SPRINGS NATION State AR Zip Code 71901
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ -50.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 15 / 2014
Transaction ID : SA11AI.39759
 Amount of Each Receipt this Period
 -50.00

B. MR TIMOTHY MADDERN 950
 Full Name (Last, First, Middle Initial)
 Mailing Address 1830 CAMPHOR CT
 City MILPITAS State CA Zip Code 95035
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 TRIMBLE NAVIGATION LTD DESIGNER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 235.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 17 / 2014
Transaction ID : SA11AI.39800
 Amount of Each Receipt this Period
 200.00

C. M A MAEDGEN 783
 Full Name (Last, First, Middle Initial)
 Mailing Address PO BOX 87
 City MATHIS State TX Zip Code 78368
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 NONE RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 02 / 2014
Transaction ID : SA11AI.39812
 Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional).....▶	250.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 OF 207
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND

A. MR DAVID T MARSHBURN 278
 Full Name (Last, First, Middle Initial)
 Mailing Address 905 WOODLAWN DR
 City WILLIAMSTON State NC Zip Code 27892
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 10 / 2014
Transaction ID : SA11AI.39976
 Amount of Each Receipt this Period
 300.00

B. MR MICHAEL MATEI 225
 Full Name (Last, First, Middle Initial)
 Mailing Address 8436 MEADOWLAND DR
 City LOCUST GROVE State VA Zip Code 22508
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 28 / 2014
Transaction ID : SA11AI.40110
 Amount of Each Receipt this Period
 150.00

C. MR GEORGE W MATHEWS 303
 Full Name (Last, First, Middle Initial)
 Mailing Address 212 TOWNSEND PL NW
 City ATLANTA State GA Zip Code 30327
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 27 / 2014
Transaction ID : SA11AI.40117
 Amount of Each Receipt this Period
 200.00

SUBTOTAL of Receipts This Page (optional).....▶	650.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 68 OF 207
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND

A. MR WILLIAM B MATTINGLY 640
 Full Name (Last, First, Middle Initial)
 Mailing Address PO BOX 1092
 City RAYMORE State MO Zip Code 64083
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 19 / 2014
Transaction ID : SA11AI.40149
 Amount of Each Receipt this Period
 100.00

B. MR WILLIAM B MATTINGLY 640
 Full Name (Last, First, Middle Initial)
 Mailing Address PO BOX 1092
 City RAYMORE State MO Zip Code 64083
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2014
Transaction ID : SA11AI.40148
 Amount of Each Receipt this Period
 100.00

C. MRS MICHAEL S MCCRARY 921
 Full Name (Last, First, Middle Initial)
 Mailing Address 953 OLIVE AVE
 City CORONADO State CA Zip Code 92118
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF EMPLOYED Occupation CONSULTANT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 13 / 2014
Transaction ID : SA11AI.40338
 Amount of Each Receipt this Period
 150.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 350.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 69 OF 207
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND

A. MR JOHN F MCHALE 346
 Full Name (Last, First, Middle Initial)
 Mailing Address 3920 JUPITER DR
 City NEW PRT RCHY State FL Zip Code 34652
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 -50.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 22 / 2014
Transaction ID : SA11AI.40463
 Amount of Each Receipt this Period
 -50.00

B. MRS EMILY G MCLEAN 853
 Full Name (Last, First, Middle Initial)
 Mailing Address PO BOX 156
 City BUCKEYE State AZ Zip Code 85326
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 NONE RETIRED
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 10 / 2014
Transaction ID : SA11AI.40531
 Amount of Each Receipt this Period
 150.00

C. MS MARLENE B MCLEOD 344
 Full Name (Last, First, Middle Initial)
 Mailing Address 4540 SE 48TH PLACE RD
 City OCALA State FL Zip Code 34480
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 NONE RETIRED
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 17 / 2014
Transaction ID : SA11AI.40534
 Amount of Each Receipt this Period
 200.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 300.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 70 OF 207
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND

A. MRS SHERRY MCPHERSON 546
 Full Name (Last, First, Middle Initial)
 Mailing Address PO BOX 367
 City SPARTA State WI Zip Code 54656
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation HOMEMAKER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 25 / 2014
Transaction ID : SA11AI.40591
 Amount of Each Receipt this Period
 500.00

B. MR JAMES K MESSINGER 983
 Full Name (Last, First, Middle Initial)
 Mailing Address 13926 215TH AVE E
 City BONNEY LAKE State WA Zip Code 98391
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 20 / 2014
Transaction ID : SA11AI.40738
 Amount of Each Receipt this Period
 100.00

C. MR ROBERT B MILLER 420
 Full Name (Last, First, Middle Initial)
 Mailing Address 6320 SAINT ANDREWS DR
 City PADUCAH State KY Zip Code 42001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 25 / 2014
Transaction ID : SA11AI.40861
 Amount of Each Receipt this Period
 75.00

SUBTOTAL of Receipts This Page (optional).....▶	675.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 OF 207
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND

A. MR PAUL C MILLER 440
 Full Name (Last, First, Middle Initial)
 Mailing Address 15535 BURTON WINDSOR RD
 City MIDDLEFIELD State OH Zip Code 44062
 FEC ID number of contributing federal political committee. **C**
 Name of Employer HONEST SALES RECYCLING Occupation SELF EMPLOYED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 25 / 2014
Transaction ID : SA11AI.40864
 Amount of Each Receipt this Period
 100.00

B. MR MICHAEL MIRANDA 937
 Full Name (Last, First, Middle Initial)
 Mailing Address PO BOX 11983
 City FRESNO State CA Zip Code 93776
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF EMPLOYED Occupation VENDING MACHINES
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 10 / 2014
Transaction ID : SA11AI.40989
 Amount of Each Receipt this Period
 250.00

C. MR CHARLES D MISSAR 200
 Full Name (Last, First, Middle Initial)
 Mailing Address 5420 CONNECTICUT AVE NW
 City WASHINGTON State DC Zip Code 20015
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 27 / 2014
Transaction ID : SA11AI.40999
 Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional).....▶	450.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 72 OF 207
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND

A. MR WALTER H MOFIELD 959
 Full Name (Last, First, Middle Initial)
 Mailing Address PO BOX 129
 City CLIPPER MILLS State CA Zip Code 95930
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 07 / 2014
Transaction ID : SA11AI.41049
 Amount of Each Receipt this Period
 150.00

B. MRS MARCIA W MONNIER 454
 Full Name (Last, First, Middle Initial)
 Mailing Address 6985 WEMBLEY CIR
 City DAYTON State OH Zip Code 45459
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation HOMEMAKER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 28 / 2014
Transaction ID : SA11AI.41095
 Amount of Each Receipt this Period
 200.00

C. MS NANCY V MOORE 193
 Full Name (Last, First, Middle Initial)
 Mailing Address 300 E MARSHALL ST APT 226
 City WEST CHESTER State PA Zip Code 19380
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 23 / 2014
Transaction ID : SA11AI.41133
 Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional).....▶	450.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 OF 207
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND

A. MR AL MOORE 631
Full Name (Last, First, Middle Initial)

Mailing Address 9910 PAGE AVE

City SAINT LOUIS State MO Zip Code 63132

FEC ID number of contributing federal political committee. **C**

Name of Employer MOORE FOOD DISTRIBUTORS INC Occupation PRESIDENT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **705.00**

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
05 / 22 / 2014

Transaction ID : SA11AI.41157

Amount of Each Receipt this Period
500.00

B. MR AL MOORE 631
Full Name (Last, First, Middle Initial)

Mailing Address 9910 PAGE AVE

City SAINT LOUIS State MO Zip Code 63132

FEC ID number of contributing federal political committee. **C**

Name of Employer MOORE FOOD DISTRIBUTORS INC Occupation PRESIDENT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **805.00**

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
06 / 19 / 2014

Transaction ID : SA11AI.41156

Amount of Each Receipt this Period
100.00

C. MS MARGARITA MOSES 754 RN
Full Name (Last, First, Middle Initial)

Mailing Address 5889 DEER CROSSING LN

City QUINLAN State TX Zip Code 75474

FEC ID number of contributing federal political committee. **C**

Name of Employer EPIC HEALTH CARE SERVICES Occupation REGISTERED NURSE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **325.00**

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
06 / 06 / 2014

Transaction ID : SA11AI.41284

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional)..... **700.00**

TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 74 OF 207
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND

A. MR MUHAMMAD NASIR 913
 Full Name (Last, First, Middle Initial)
 Mailing Address 11987 SHOSHONE AVE
 City GRANADA HILLS State CA Zip Code 91344
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ARFLAKE REHAB MEDICAL CENTER Occupation DOCTOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 13 / 2014
Transaction ID : SA11AI.41522
 Amount of Each Receipt this Period
 200.00

B. MR DAVID I NATION 760
 Full Name (Last, First, Middle Initial)
 Mailing Address 1404 BRIARWOOD BLVD
 City ARLINGTON State TX Zip Code 76013
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 01 / 2014
Transaction ID : SA11AI.41530
 Amount of Each Receipt this Period
 200.00

C. MR JAMES S NEALE 856
 Full Name (Last, First, Middle Initial)
 Mailing Address 17660 W REDROCK LN
 City MARANA State AZ Zip Code 85653
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 16 / 2014
Transaction ID : SA11AI.41559
 Amount of Each Receipt this Period
 50.00

SUBTOTAL of Receipts This Page (optional).....▶	450.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 75 OF 207
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND

A. MS CAROLE NICOLELLA 152
 Full Name (Last, First, Middle Initial)
 Mailing Address 4032 TUXEY AVE
 City PITTSBURGH State PA Zip Code 15227
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 09 / 2014
Transaction ID : SA11AI.41724
 Amount of Each Receipt this Period
 300.00

B. MR WINFORD T NOWELL 018
 Full Name (Last, First, Middle Initial)
 Mailing Address 8 ROLLINS ST
 City GROVELAND State MA Zip Code 01834
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 22 / 2014
Transaction ID : SA11AI.41829
 Amount of Each Receipt this Period
 200.00

C. MRS ELIZABETH OLESON 522
 Full Name (Last, First, Middle Initial)
 Mailing Address 807 4TH ST
 City KALONA State IA Zip Code 52247
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MANFIELD FOUNDATION Occupation CPA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2014
Transaction ID : SA11AI.41914
 Amount of Each Receipt this Period
 150.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 650.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 76 OF 207
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND

A. MR KENT OLSON 691
 Full Name (Last, First, Middle Initial)
 Mailing Address PO BOX 82
 City OGALLALA State NE Zip Code 69153
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 -25.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 08 / 2014
Transaction ID : SA11AI.41939
 Amount of Each Receipt this Period
 -25.00

B. MRS PATRICIA A OPEL 433
 Full Name (Last, First, Middle Initial)
 Mailing Address 7845 N ST
 City RUSSELLS POINT State OH Zip Code 43348
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 NONE RETIRED
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 24 / 2014
Transaction ID : SA11AI.41976
 Amount of Each Receipt this Period
 150.00

C. MR RONNIE OTTO 779
 Full Name (Last, First, Middle Initial)
 Mailing Address 3857 BURROUGHSVILLE RD
 City VICTORIA State TX Zip Code 77905
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 TX ASSN OF MEAT PROCESSORS DIRECTOR
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 350.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 30 / 2014
Transaction ID : SA11AI.42035
 Amount of Each Receipt this Period
 200.00

SUBTOTAL of Receipts This Page (optional).....▶	325.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 77 OF 207
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND

A. MR DAVID H OWEN 307
 Full Name (Last, First, Middle Initial)
 Mailing Address 4208 OWEN RD SW
 City DALTON State GA Zip Code 30720
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 19 / 2014
Transaction ID : SA11AI.42056
 Amount of Each Receipt this Period
 100.00

B. MR DALE A OYHUS 586
 Full Name (Last, First, Middle Initial)
 Mailing Address 13973 FRANKS CREEK RD
 City MEDORA State ND Zip Code 58645
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CATTLE RANCH Occupation RANCHER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2014
Transaction ID : SA11AI.42079
 Amount of Each Receipt this Period
 100.00

C. MR DALE A OYHUS 586
 Full Name (Last, First, Middle Initial)
 Mailing Address 13973 FRANKS CREEK RD
 City MEDORA State ND Zip Code 58645
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CATTLE RANCH Occupation RANCHER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 06 / 2014
Transaction ID : SA11AI.42080
 Amount of Each Receipt this Period
 200.00

SUBTOTAL of Receipts This Page (optional).....▶	400.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 78 OF 207
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND

A. MS PEGGY PALOMBO 707
 Full Name (Last, First, Middle Initial)
 Mailing Address 7031 BRYCE CANYON DR
 City GREENWELL SPRINGS State LA Zip Code 70739
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation HOMEMAKER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 18 / 2014
Transaction ID : SA11AI.42198
 Amount of Each Receipt this Period
 200.00

B. MS JULIA E PARK 371
 Full Name (Last, First, Middle Initial)
 Mailing Address 105 MASON ST APT D
 City PORTLAND State TN Zip Code 37148
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 04 / 2014
Transaction ID : SA11AI.42235
 Amount of Each Receipt this Period
 200.00

C. MR ROBERT PARRISH 467
 Full Name (Last, First, Middle Initial)
 Mailing Address 9300 E BASELINE RD
 City AVILLA State IN Zip Code 46710
 FEC ID number of contributing federal political committee. **C**
 Name of Employer PARRISH HOMES Occupation OWNER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 10 / 2014
Transaction ID : SA11AI.42298
 Amount of Each Receipt this Period
 200.00

SUBTOTAL of Receipts This Page (optional).....▶	600.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 79 OF 207
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND

A. MR DOUGLAS R PAYNE 970
 Full Name (Last, First, Middle Initial)
 Mailing Address 27695 SE SUNRAY DR
 City BORING State OR Zip Code 97009
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2014
Transaction ID : SA11AI.42380
 Amount of Each Receipt this Period
 100.00

B. MS JUNIE R PERKINS 773
 Full Name (Last, First, Middle Initial)
 Mailing Address 66 BLACKSTAR PL
 City SPRING State TX Zip Code 77382
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 04 / 2014
Transaction ID : SA11AI.42504
 Amount of Each Receipt this Period
 100.00

C. MR EARL D PHILLIPS 829
 Full Name (Last, First, Middle Initial)
 Mailing Address GENERAL DELIVERY
 1568 COUNTY RD 103
 City EVANSTON State WY Zip Code 82930
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 09 / 2014
Transaction ID : SA11AI.42654
 Amount of Each Receipt this Period
 200.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 400.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 80 OF 207
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND

A. MR AQUILES PIETRI 926
 Full Name (Last, First, Middle Initial)
 Mailing Address 1850 WHITTIER AVE
 APT C209
 City COSTA MESA State CA Zip Code 92627
 FEC ID number of contributing federal political committee. **C**
 Name of Employer FANNIE MAE Occupation MORTGAGE ANALYST
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 28 / 2014
Transaction ID : SA11AI.42684
 Amount of Each Receipt this Period
 50.00

B. MR AQUILES PIETRI 926
 Full Name (Last, First, Middle Initial)
 Mailing Address 1850 WHITTIER AVE
 APT C209
 City COSTA MESA State CA Zip Code 92627
 FEC ID number of contributing federal political committee. **C**
 Name of Employer FANNIE MAE Occupation MORTGAGE ANALYST
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 245.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 27 / 2014
Transaction ID : SA11AI.42686
 Amount of Each Receipt this Period
 20.00

C. MR THOMAS POTTMEYER 911
 Full Name (Last, First, Middle Initial)
 Mailing Address 903 S OAKLAND AVE
 City PASADENA State CA Zip Code 91106
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 11 / 2014
Transaction ID : SA11AI.42858
 Amount of Each Receipt this Period
 300.00

SUBTOTAL of Receipts This Page (optional).....▶	370.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 81 OF 207
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND

A. MR THOMAS POTTMEYER 911
 Full Name (Last, First, Middle Initial)
 Mailing Address 903 S OAKLAND AVE
 City PASADENA State CA Zip Code 91106
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2014
Transaction ID : SA11AI.42856
 Amount of Each Receipt this Period
 150.00

B. MR THOMAS POTTMEYER 911
 Full Name (Last, First, Middle Initial)
 Mailing Address 903 S OAKLAND AVE
 City PASADENA State CA Zip Code 91106
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2014
Transaction ID : SA11AI.42857
 Amount of Each Receipt this Period
 150.00

C. MS MARTHA RAPIER 973
 Full Name (Last, First, Middle Initial)
 Mailing Address 8015 NW RIDGEWOOD DR
 City CORVALLIS State OR Zip Code 97330
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 09 / 2014
Transaction ID : SA11AI.43110
 Amount of Each Receipt this Period
 200.00

SUBTOTAL of Receipts This Page (optional).....▶	500.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 82 OF 207
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND

A. MS VIVIAN G REDDY 062
 Full Name (Last, First, Middle Initial)
 Mailing Address 223 N SHORE RD
 City DAYVILLE State CT Zip Code 06241
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 28 / 2014
Transaction ID : SA11AI.43194
 Amount of Each Receipt this Period
 40.00

B. MS VIVIAN G REDDY 062
 Full Name (Last, First, Middle Initial)
 Mailing Address 223 N SHORE RD
 City DAYVILLE State CT Zip Code 06241
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 28 / 2014
Transaction ID : SA11AI.43195
 Amount of Each Receipt this Period
 40.00

C. MS VIVIAN G REDDY 062
 Full Name (Last, First, Middle Initial)
 Mailing Address 223 N SHORE RD
 City DAYVILLE State CT Zip Code 06241
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2014
Transaction ID : SA11AI.43196
 Amount of Each Receipt this Period
 40.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 120.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 83 OF 207
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND

A. MR DAVID A REDMOND 454
 Full Name (Last, First, Middle Initial)
 Mailing Address 6852 OLDE GREENBRIER LN
 City State Zip Code
 CENTERVILLE OH 45459
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 SOCIAL SECURITY ADMINISTRATION GOVERNMENT EMPLOYEE
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 14 / 2014
Transaction ID : SA11AI.43210
 Amount of Each Receipt this Period
 300.00

B. MR WILLIAM T REYNOLDS 276
 Full Name (Last, First, Middle Initial)
 Mailing Address 2905 MARS ST
 City State Zip Code
 RALEIGH NC 27604
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 SELF EMPLOYED WAREHOUSE OWNER
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 07 / 2014
Transaction ID : SA11AI.43365
 Amount of Each Receipt this Period
 150.00

C. MS MARGOT A RIEGER 184
 Full Name (Last, First, Middle Initial)
 Mailing Address 880 LONG RIDGE RD
 City State Zip Code
 HAWLEY PA 18428
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 NONE RETIRED
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 04 / 2014
Transaction ID : SA11AI.43488
 Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 550.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 84 OF 207
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND

Full Name (Last, First, Middle Initial) A. MS LINDA J ROBERSON 782		Date of Receipt
Mailing Address 909 GARRATY RD		M M M / D D D / Y Y Y Y Y Y 05 / 19 / 2014
City	State	Zip Code
SAN ANTONIO	TX	78209
FEC ID number of contributing federal political committee. C		Transaction ID : SA11AI.43609
Name of Employer CONVERSE LIONS CHARITIES INC		Amount of Each Receipt this Period
Occupation DIRECTOR		50.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	225.00	

Full Name (Last, First, Middle Initial) B. MR JAMES RODEBAUGH 490		Date of Receipt
Mailing Address PO BOX 238		M M M / D D D / Y Y Y Y Y Y 04 / 08 / 2014
City	State	Zip Code
VERMONTVILLE	MI	49096
FEC ID number of contributing federal political committee. C		Transaction ID : SA11AI.43729
Name of Employer NONE		Amount of Each Receipt this Period
Occupation RETIRED		200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	500.00	

Full Name (Last, First, Middle Initial) C. MR JOHN W ROGERS 641		Date of Receipt
Mailing Address 121 W 48TH ST APT 308		M M M / D D D / Y Y Y Y Y Y 04 / 01 / 2014
City	State	Zip Code
KANSAS CITY	MO	64112
FEC ID number of contributing federal political committee. C		Transaction ID : SA11AI.43773
Name of Employer NONE		Amount of Each Receipt this Period
Occupation RETIRED		150.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	300.00	

SUBTOTAL of Receipts This Page (optional).....▶	400.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 85 OF 207
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND

A. MR JOHN C ROSE 956
 Full Name (Last, First, Middle Initial)
 Mailing Address 3470 SHERWOOD CT
 City LOOMIS State CA Zip Code 95650
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ROSE & ROSE LLP Occupation ACCOUNTANT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 21 / 2014
Transaction ID : SA11AI.43863
 Amount of Each Receipt this Period
 200.00

B. MS ANN R ROSS 370
 Full Name (Last, First, Middle Initial)
 Mailing Address 358 PEARTREE DR
 City CLARKSVILLE State TN Zip Code 37043
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 11 / 2014
Transaction ID : SA11AI.43878
 Amount of Each Receipt this Period
 200.00

C. MS ANN R ROSS 370
 Full Name (Last, First, Middle Initial)
 Mailing Address 358 PEARTREE DR
 City CLARKSVILLE State TN Zip Code 37043
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 02 / 2014
Transaction ID : SA11AI.43877
 Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 500.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 86 OF 207
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND

A. MS HELENE H RUSSELL 769
 Full Name (Last, First, Middle Initial)
 Mailing Address 922 ASHFORD DR
 City SAN ANGELO State TX Zip Code 76901
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 05 / 2014
Transaction ID : SA11AI.44039
 Amount of Each Receipt this Period
 100.00

B. MS ANNE M RYAN 334
 Full Name (Last, First, Middle Initial)
 Mailing Address 5402 PENNOCK POINT RD
 City JUPITER State FL Zip Code 33458
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MA SECRETARY OF STATE Occupation PROGRAM MANAGER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 03 / 2014
Transaction ID : SA11AI.44065
 Amount of Each Receipt this Period
 300.00

C. MS MARY B RYSER 234
 Full Name (Last, First, Middle Initial)
 Mailing Address PO BOX 476
 City MELFA State VA Zip Code 23410
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 21 / 2014
Transaction ID : SA11AI.44077
 Amount of Each Receipt this Period
 300.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 700.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 87 OF 207
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND

A. MR ALEXANDER SALAMON 432
 Full Name (Last, First, Middle Initial)
 Mailing Address 5292 PREDMORE PL
 City COLUMBUS State OH Zip Code 43230
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF EMPLOYED Occupation CPA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 05 / 2014
Transaction ID : SA11AI.44109
 Amount of Each Receipt this Period
 300.00

B. MR MANUEL G SANCHEZ 038
 Full Name (Last, First, Middle Initial)
 Mailing Address PO BOX 910
 City NEWFIELDS State NH Zip Code 03856
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF EMPLOYED Occupation DOCTOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 08 / 2014
Transaction ID : SA11AI.44134
 Amount of Each Receipt this Period
 50.00

C. MR MANUEL G SANCHEZ 038
 Full Name (Last, First, Middle Initial)
 Mailing Address PO BOX 910
 City NEWFIELDS State NH Zip Code 03856
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF EMPLOYED Occupation DOCTOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 08 / 2014
Transaction ID : SA11AI.44135
 Amount of Each Receipt this Period
 50.00

SUBTOTAL of Receipts This Page (optional).....▶	400.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 88 OF 207
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND

A. MR MANUEL G SANCHEZ 038
Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 910

City NEWFIELDS State NH Zip Code 03856

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF EMPLOYED Occupation DOCTOR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 09 / 2014

Transaction ID : SA11AI.44133

Amount of Each Receipt this Period
 50.00

B. MR JAMES R SANDBERG 693
Full Name (Last, First, Middle Initial)

Mailing Address 210198 FLORAL ST

City GERING State NE Zip Code 69341

FEC ID number of contributing federal political committee. **C**

Name of Employer SANDBERG FARMS Occupation FARMER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 440.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 10 / 2014

Transaction ID : SA11AI.44148

Amount of Each Receipt this Period
 300.00

C. MS JANET B SANDERS 631
Full Name (Last, First, Middle Initial)

Mailing Address 40 CONWAY CLOSE RD

City SAINT LOUIS State MO Zip Code 63124

FEC ID number of contributing federal political committee. **C**

Name of Employer NONE Occupation Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 25 / 2014

Transaction ID : SA11AI.44163

Amount of Each Receipt this Period
 40.00

SUBTOTAL of Receipts This Page (optional).....▶	390.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 89 OF 207
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND

A. MS JANET B SANDERS 631
 Full Name (Last, First, Middle Initial)
 Mailing Address 40 CONWAY CLOSE RD
 City SAINT LOUIS State MO Zip Code 63124
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 26 / 2014
Transaction ID : SA11AI.44164
 Amount of Each Receipt this Period
 40.00

B. MS JANET B SANDERS 631
 Full Name (Last, First, Middle Initial)
 Mailing Address 40 CONWAY CLOSE RD
 City SAINT LOUIS State MO Zip Code 63124
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 28 / 2014
Transaction ID : SA11AI.44165
 Amount of Each Receipt this Period
 100.00

C. MS JANET B SANDERS 631
 Full Name (Last, First, Middle Initial)
 Mailing Address 40 CONWAY CLOSE RD
 City SAINT LOUIS State MO Zip Code 63124
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 19 / 2014
Transaction ID : SA11AI.44161
 Amount of Each Receipt this Period
 -100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 40.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 90 OF 207
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND

A. MS JANET B SANDERS 631
 Full Name (Last, First, Middle Initial)
 Mailing Address 40 CONWAY CLOSE RD
 City SAINT LOUIS State MO Zip Code 63124
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 25 / 2014
Transaction ID : SA11AI.44162
 Amount of Each Receipt this Period
 40.00

B. MR FRANKIE SCHIERMAN 988
 Full Name (Last, First, Middle Initial)
 Mailing Address 5303 PAINTED HILLS RD
 City EPHRATA State WA Zip Code 98823
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 16 / 2014
Transaction ID : SA11AI.44291
 Amount of Each Receipt this Period
 125.00

C. MR GREG SCHNAUTZ 786
 Full Name (Last, First, Middle Initial)
 Mailing Address 760 BYLERPOOL RD
 City KINGSBURY State TX Zip Code 78638
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 20 / 2014
Transaction ID : SA11AI.44334
 Amount of Each Receipt this Period
 50.00

SUBTOTAL of Receipts This Page (optional).....▶	215.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 91 OF 207
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND

A. MR ALFRED A SCHROEDER 782
 Full Name (Last, First, Middle Initial)
 Mailing Address 2811 WHISPER FAWN ST
 City SAN ANTONIO State TX Zip Code 78230
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SHROEDER AMERICA INC Occupation SELF EMPLOYED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 30 / 2014
Transaction ID : SA11AI.44395
 Amount of Each Receipt this Period
 200.00

B. MR DAVID SHEA 334
 Full Name (Last, First, Middle Initial)
 Mailing Address 17813 133RD WAY N
 City JUPITER State FL Zip Code 33478
 FEC ID number of contributing federal political committee. **C**
 Name of Employer DCS VENTURES INC Occupation OWNER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2014
Transaction ID : SA11AI.44659
 Amount of Each Receipt this Period
 150.00

C. MR JAMES R SHIPP 377
 Full Name (Last, First, Middle Initial)
 Mailing Address 1309 SEAGULL LN
 City DANDRIDGE State TN Zip Code 37725
 FEC ID number of contributing federal political committee. **C**
 Name of Employer LINCARE LLC Occupation RESPIRATORY THERAPIST
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 12 / 2014
Transaction ID : SA11AI.44729
 Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional).....▶	450.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 92 OF 207
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND

A. MR JAMES R SHIPP 377
 Full Name (Last, First, Middle Initial)
 Mailing Address 1309 SEAGULL LN
 City DANDRIDGE State TN Zip Code 37725
 FEC ID number of contributing federal political committee. **C**
 Name of Employer LINCARE LLC Occupation RESPIRATORY THERAPIST
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 13 / 2014
Transaction ID : SA11AI.44728
 Amount of Each Receipt this Period
 75.00

B. H L SIKES 769
 Full Name (Last, First, Middle Initial)
 Mailing Address 5226 BEVERLY DR
 City SAN ANGELO State TX Zip Code 76904
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 23 / 2014
Transaction ID : SA11AI.44838
 Amount of Each Receipt this Period
 100.00

C. MRS JACKIE SIMON 656
 Full Name (Last, First, Middle Initial)
 Mailing Address 18 HICKORY HEIGHTS RD
 City GREENFIELD State MO Zip Code 65661
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ -5.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 03 / 2014
Transaction ID : SA11AI.44888
 Amount of Each Receipt this Period
 -5.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 170.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 93 OF 207
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND

A. MRS JACKIE SIMON 656
 Full Name (Last, First, Middle Initial)
 Mailing Address 18 HICKORY HEIGHTS RD
 City GREENFIELD State MO Zip Code 65661
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 -10.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 03 / 2014
Transaction ID : SA11AI.44889
 Amount of Each Receipt this Period
 -5.00

B. MRS BRENDA SLUYTER 939
 Full Name (Last, First, Middle Initial)
 Mailing Address 25850 N MESA DR
 City CARMEL State CA Zip Code 93923
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 NONE RETIRED
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 16 / 2014
Transaction ID : SA11AI.45000
 Amount of Each Receipt this Period
 150.00

C. MR BLAINE E SMITH 261
 Full Name (Last, First, Middle Initial)
 Mailing Address 1529 TYLER HWY
 City SISTERSVILLE State WV Zip Code 26175
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 NONE RETIRED
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 225.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 24 / 2014
Transaction ID : SA11AI.45036
 Amount of Each Receipt this Period
 225.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 370.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 94 OF 207
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND

A. MR GORDON E SMITH 522
 Full Name (Last, First, Middle Initial)
 Mailing Address 2369 335TH ST
 City HOPKINTON State IA Zip Code 52237
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 06 / 2014
Transaction ID : SA11AI.45103
 Amount of Each Receipt this Period
 50.00

B. MS HELEN W SMITH 631
 Full Name (Last, First, Middle Initial)
 Mailing Address PO BOX 221051
 City SAINT LOUIS State MO Zip Code 63122
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 28 / 2014
Transaction ID : SA11AI.45116
 Amount of Each Receipt this Period
 250.00

C. MS HELEN W SMITH 631
 Full Name (Last, First, Middle Initial)
 Mailing Address PO BOX 221051
 City SAINT LOUIS State MO Zip Code 63122
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 11 / 2014
Transaction ID : SA11AI.45115
 Amount of Each Receipt this Period
 200.00

SUBTOTAL of Receipts This Page (optional).....▶	500.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 95 OF 207
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND

A. MR CONLEY SMITH 802
 Full Name (Last, First, Middle Initial)
 Mailing Address 325 VINE ST
 City DENVER State CO Zip Code 80206
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CP SMITH OPERATING CO Occupation PRINCIPAL
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 19 / 2014
Transaction ID : SA11AI.45161
 Amount of Each Receipt this Period
 300.00

B. MR PHILIP T SMITH 804
 Full Name (Last, First, Middle Initial)
 Mailing Address PO BOX 146
 City JAMESTOWN State CO Zip Code 80455
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 30 / 2014
Transaction ID : SA11AI.45162
 Amount of Each Receipt this Period
 100.00

C. MR STEVEN D SMITH 816
 Full Name (Last, First, Middle Initial)
 Mailing Address 62 COUNTY ROAD 212
 City CRAIG State CO Zip Code 81625
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 18 / 2014
Transaction ID : SA11AI.45170
 Amount of Each Receipt this Period
 200.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 600.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 96 OF 207
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND

A. MR MERRILL E SMITH 882
 Full Name (Last, First, Middle Initial)
 Mailing Address 1810 MOUNTAIN SHADOW DR
 City CARLSBAD State NM Zip Code 88220
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 28 / 2014
Transaction ID : SA11AI.45183
 Amount of Each Receipt this Period
 150.00

B. MS RUTH G SPANN 333
 Full Name (Last, First, Middle Initial)
 Mailing Address 7212 E TROPICAL WAY
 City PLANTATION State FL Zip Code 33317
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ -50.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 27 / 2014
Transaction ID : SA11AI.45317
 Amount of Each Receipt this Period
 100.00

C. MR JEFFREY STEINKAMP 057
 Full Name (Last, First, Middle Initial)
 Mailing Address PO BOX 98
 City ROCHESTER State VT Zip Code 05767
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 16 / 2014
Transaction ID : SA11AI.45556
 Amount of Each Receipt this Period
 550.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 800.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 97 OF 207
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND

A. MS SARAH T STEPHENSON 068
 Full Name (Last, First, Middle Initial)
 Mailing Address 114 W LYON FARM DR
 City GREENWICH State CT Zip Code 06831
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation HOMEMAKER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 05 / 2014
Transaction ID : SA11AI.45580
 Amount of Each Receipt this Period
 200.00

B. MR BRUCE W STEVENS 189
 Full Name (Last, First, Middle Initial)
 Mailing Address 418 WASHINGTON AVE
 City NEWTOWN State PA Zip Code 18940
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 06 / 2014
Transaction ID : SA11AI.45607
 Amount of Each Receipt this Period
 200.00

C. MRS BETTY M STEWART 688
 Full Name (Last, First, Middle Initial)
 Mailing Address 3990 W CAPITAL AVE
 APT 108
 City GRAND ISLAND State NE Zip Code 68803
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ -25.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 08 / 2014
Transaction ID : SA11AI.45657
 Amount of Each Receipt this Period
 -25.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 375.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 98 OF 207
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND

A. MRS NANCY L STOOPS 627
 Full Name (Last, First, Middle Initial)
 Mailing Address 2801 BRANDYWINE RD
 City Springfield State IL Zip Code 62704
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 27 / 2014
Transaction ID : SA11AI.45735
 Amount of Each Receipt this Period 50.00

B. MS ADA STRASENBURGH 082
 Full Name (Last, First, Middle Initial)
 Mailing Address PO BOX 608
 City Ocean View State NJ Zip Code 08230
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 04 / 11 / 2014
Transaction ID : SA11AI.45779
 Amount of Each Receipt this Period 200.00

C. MS ADA STRASENBURGH 082
 Full Name (Last, First, Middle Initial)
 Mailing Address PO BOX 608
 City Ocean View State NJ Zip Code 08230
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt 05 / 19 / 2014
Transaction ID : SA11AI.45778
 Amount of Each Receipt this Period 100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 350.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 99 OF 207
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND

A. MR GENE STRATE 836
 Full Name (Last, First, Middle Initial)
 Mailing Address 214 E PINE AVE
 City MERIDIAN State ID Zip Code 83642
 FEC ID number of contributing federal political committee. **C**
 Name of Employer STRATE INVESTMENTS Occupation INVESTOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 17 / 2014
Transaction ID : SA11AI.45780
 Amount of Each Receipt this Period
 150.00

B. MS KATHLEEN D SULLIVAN 381
 Full Name (Last, First, Middle Initial)
 Mailing Address 1944 CLARINGTON DR
 City GERMANTOWN State TN Zip Code 38138
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation HOMEMAKER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 14 / 2014
Transaction ID : SA11AI.45871
 Amount of Each Receipt this Period
 750.00

C. MRS SANDRA L SUZAN 548
 Full Name (Last, First, Middle Initial)
 Mailing Address 2920 N SWEDE RD
 City RADISSON State WI Zip Code 54867
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF EMPLOYED Occupation FARMER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 14 / 2014
Transaction ID : SA11AI.45920
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1150.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 100 OF 207
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND

A. MRS EDNA M SWARTZ 441
 Full Name (Last, First, Middle Initial)
 Mailing Address 6420 AYLESWORTH DR
 City CLEVELAND State OH Zip Code 44130
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 -10.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 08 / 2014
Transaction ID : SA11AI.45947
 Amount of Each Receipt this Period
 -40.00

B. MR DAVID TATGE 917
 Full Name (Last, First, Middle Initial)
 Mailing Address 4591 BRINEY POINT ST
 City LA VERNE State CA Zip Code 91750
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 DANCO ANODIZING BUSINESS OWNER
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 02 / 2014
Transaction ID : SA11AI.46063
 Amount of Each Receipt this Period
 300.00

C. MR DANIEL D TAYLOR 853
 Full Name (Last, First, Middle Initial)
 Mailing Address 4732 N BROOKVIEW TER
 City LITCHFIELD PARK State AZ Zip Code 85340
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 NONE RETIRED
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 450.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 13 / 2014
Transaction ID : SA11AI.46090
 Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional).....▶	360.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 101 OF 207
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND

A. MS LINDA L TAYLOR 900
 Full Name (Last, First, Middle Initial)
 Mailing Address 2505 N BEACHWOOD DR APT 4
 City LOS ANGELES State CA Zip Code 90068
 FEC ID number of contributing federal political committee. **C**
 Name of Employer TROUBADOUR THEATER CO Occupation MUSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 22 / 2014
Transaction ID : SA11AI.46096
 Amount of Each Receipt this Period
 100.00

B. MR FRED T THOMASSON 287
 Full Name (Last, First, Middle Initial)
 Mailing Address 82 APPIAN WAY
 City ARDEN State NC Zip Code 28704
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 20 / 2014
Transaction ID : SA11AI.46246
 Amount of Each Receipt this Period
 225.00

C. MR CHARLES K THOMPSON 258
 Full Name (Last, First, Middle Initial)
 Mailing Address PO BOX 477
 City CRAB ORCHARD State WV Zip Code 25827
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 19 / 2014
Transaction ID : SA11AI.46254
 Amount of Each Receipt this Period
 200.00

SUBTOTAL of Receipts This Page (optional).....▶	525.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 102 OF 207
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND

A. MR CHARLES K THOMPSON 258
 Full Name (Last, First, Middle Initial)
 Mailing Address PO BOX 477
 City CRAB ORCHARD State WV Zip Code 25827
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 24 / 2014
Transaction ID : SA11AI.46253
 Amount of Each Receipt this Period
 100.00

B. MR TONY THOMPSON 365
 Full Name (Last, First, Middle Initial)
 Mailing Address 28630 JOSEPHINE DR
 City ELBERTA State AL Zip Code 36530
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF EMPLOYED Occupation SALESMAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 12 / 2014
Transaction ID : SA11AI.46261
 Amount of Each Receipt this Period
 150.00

C. MS SHIRLEY N THOMPSON 922
 Full Name (Last, First, Middle Initial)
 Mailing Address 39905 VIA SCENA UNIT 149
 City PALM DESERT State CA Zip Code 92260
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 29 / 2014
Transaction ID : SA11AI.46286
 Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional).....▶	350.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 103 OF 207
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND

A. MS SHIRLEY N THOMPSON 922
 Full Name (Last, First, Middle Initial)
 Mailing Address 39905 VIA SCENA
 UNIT 149
 City PALM DESERT State CA Zip Code 92260
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 29 / 2014
Transaction ID : SA11AI.46287
 Amount of Each Receipt this Period
 100.00

B. MS CHARLOTTE R THURSTON 370
 Full Name (Last, First, Middle Initial)
 Mailing Address 185 ROCK SPRINGS RD
 City CASTALIAN SPRINGS State TN Zip Code 37031
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ -100.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 10 / 2014
Transaction ID : SA11AI.46324
 Amount of Each Receipt this Period
 -100.00

C. MS CHARLOTTE R THURSTON 370
 Full Name (Last, First, Middle Initial)
 Mailing Address 185 ROCK SPRINGS RD
 City CASTALIAN SPRINGS State TN Zip Code 37031
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ -200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 10 / 2014
Transaction ID : SA11AI.46325
 Amount of Each Receipt this Period
 -100.00

SUBTOTAL of Receipts This Page (optional).....▶	100.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 104 OF 207
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND

A. MS CHARLOTTE R THURSTON 370
 Full Name (Last, First, Middle Initial)
 Mailing Address 185 ROCK SPRINGS RD
 City CASTALIAN SPRINGS State TN Zip Code 37031
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 -300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 10 / 2014
Transaction ID : SA11AI.46326
 Amount of Each Receipt this Period
 -100.00

B. MR GERALD TIERNEY 152
 Full Name (Last, First, Middle Initial)
 Mailing Address 127 MAIN ENTRANCE DR
 City PITTSBURGH State PA Zip Code 15228
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 NONE RETIRED
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 20 / 2014
Transaction ID : SA11AI.46342
 Amount of Each Receipt this Period
 100.00

C. TINA M TILLMAN 349
 Full Name (Last, First, Middle Initial)
 Mailing Address 5518 SE SCHOONER OAKS WAY
 City STUART State FL Zip Code 34997
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 SELF EMPLOYED INVENTOR
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 28 / 2014
Transaction ID : SA11AI.46357
 Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional).....▶	100.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 105 OF 207
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND

Full Name (Last, First, Middle Initial) A. MS NANCY P TIMMER 786		Date of Receipt
Mailing Address 249 SUNDAY CIR		M M / D D / Y Y Y Y Y 04 / 07 / 2014
City	State	Zip Code
FREDERICKSBRG	TX	78624
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.46361
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period
		120.00
Name of Employer	Occupation	
NONE	RETIRED	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		
<input type="checkbox"/> Other (specify) ▼	240.00	

Full Name (Last, First, Middle Initial) B. MR HARRY T TULLY 960		Date of Receipt
Mailing Address 4480 BRITTANY DR		M M / D D / Y Y Y Y Y 06 / 19 / 2014
City	State	Zip Code
REDDING	CA	96002
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.46583
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period
		100.00
Name of Employer	Occupation	
SELF EMPLOYED	ANESTHESIOLOGIST	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		
<input type="checkbox"/> Other (specify) ▼	225.00	

Full Name (Last, First, Middle Initial) C. MS GLYNDA TUNNELL 797		Date of Receipt
Mailing Address 2965 COUNTY ROAD C3100		M M / D D / Y Y Y Y Y 06 / 11 / 2014
City	State	Zip Code
STANTON	TX	79782
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.46587
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period
		100.00
Name of Employer	Occupation	
SELF EMPLOYED	FARMERS INSURANCE	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		
<input type="checkbox"/> Other (specify) ▼	300.00	

SUBTOTAL of Receipts This Page (optional).....▶	320.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 106 OF 207
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND

A. MS VON M ULLMAN 577
 Full Name (Last, First, Middle Initial)
 Mailing Address 12944 199TH ST
 City VALE State SD Zip Code 57788
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 16 / 2014
Transaction ID : SA11AI.46662
 Amount of Each Receipt this Period
 150.00

B. MS FRANCES V VALDER 972
 Full Name (Last, First, Middle Initial)
 Mailing Address 15415 NE SUMMERPLACE DR
 City PORTLAND State OR Zip Code 97230
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 24 / 2014
Transaction ID : SA11AI.46711
 Amount of Each Receipt this Period
 50.00

C. MRS JAN B VANDENBERG 977
 Full Name (Last, First, Middle Initial)
 Mailing Address 61951 KILDONAN CT
 City BEND State OR Zip Code 97702
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 26 / 2014
Transaction ID : SA11AI.46766
 Amount of Each Receipt this Period
 200.00

SUBTOTAL of Receipts This Page (optional).....▶	400.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 107 OF 207
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND

A. MR HARLAN VANWINKLE 765
 Full Name (Last, First, Middle Initial)
 Mailing Address PO BOX 941
 City SALADO State TX Zip Code 76571
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 07 / 2014
Transaction ID : SA11AI.46807
 Amount of Each Receipt this Period
 100.00

B. MRS SANDRA L VEROLA 120
 Full Name (Last, First, Middle Initial)
 Mailing Address 31 REDWOOD DR
 City BALLSTON LAKE State NY Zip Code 12019
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation HOMEMAKER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 07 / 2014
Transaction ID : SA11AI.46854
 Amount of Each Receipt this Period
 150.00

C. MR ARTHUR E VIENOLA 934
 Full Name (Last, First, Middle Initial)
 Mailing Address 1301 SAN MIGUELITO RD
 City LOMPOC State CA Zip Code 93436
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 10 / 2014
Transaction ID : SA11AI.46878
 Amount of Each Receipt this Period
 300.00

SUBTOTAL of Receipts This Page (optional).....▶	550.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 108 OF 207
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND

Full Name (Last, First, Middle Initial) A. MR DAVID M WAGNER 109		Date of Receipt M M M / D D D / Y Y Y Y Y Y 05 / 14 / 2014 Transaction ID : SA11AI.46998
Mailing Address 130 N MAIN ST STE 202		Amount of Each Receipt this Period 200.00
City NEW CITY	State NY	
Zip Code 10956		Aggregate Year-to-Date ▼ 400.00
FEC ID number of contributing federal political committee. C		
Name of Employer LIEBER BROTHERS INC	Occupation SENIOR ACCOUNT SPECIALIST	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. MRS WILLOE M WALDROOP 736		Date of Receipt M M M / D D D / Y Y Y Y Y Y 05 / 13 / 2014 Transaction ID : SA11AI.47049
Mailing Address 432 S 23RD PL		Amount of Each Receipt this Period 250.00
City CLINTON	State OK	
Zip Code 73601		Aggregate Year-to-Date ▼ 350.00
FEC ID number of contributing federal political committee. C		
Name of Employer NONE	Occupation RETIRED	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. MR EARL B WALKER 045		Date of Receipt M M M / D D D / Y Y Y Y Y Y 06 / 17 / 2014 Transaction ID : SA11AI.47053
Mailing Address PO BOX 104		Amount of Each Receipt this Period 100.00
City SOUTHPORT	State ME	
Zip Code 04576		Aggregate Year-to-Date ▼ 275.00
FEC ID number of contributing federal political committee. C		
Name of Employer NONE	Occupation RETIRED	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Receipts This Page (optional).....▶	550.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 109 OF 207
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND

A. MR ROBERT H WALKER 370
 Full Name (Last, First, Middle Initial)
 Mailing Address 411 FOREST ST
 City LEWISBURG State TN Zip Code 37091
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 27 / 2014
Transaction ID : SA11AI.47061
 Amount of Each Receipt this Period
 300.00

B. MS CRYSTAL S WASLEY 285
 Full Name (Last, First, Middle Initial)
 Mailing Address PO BOX 142
 City GLOUCESTER State NC Zip Code 28528
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 21 / 2014
Transaction ID : SA11AI.47218
 Amount of Each Receipt this Period
 300.00

C. GURDON B WATTLES 028
 Full Name (Last, First, Middle Initial)
 Mailing Address 43 ROCKBRIDGE DR
 City LITTLE COMPTON State RI Zip Code 02837
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2014
Transaction ID : SA11AI.47260
 Amount of Each Receipt this Period
 300.00

SUBTOTAL of Receipts This Page (optional).....▶	900.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 110 OF 207
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND

A. MR ROBERT WEISENBARGER 453
 Full Name (Last, First, Middle Initial)
 Mailing Address 9 SEMINOLE LN
 City ARCANUM State OH Zip Code 45304
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 -5.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 22 / 2014
Transaction ID : SA11AI.47375
 Amount of Each Receipt this Period
 -5.00

B. MS JACQUELINE M WEITZ 520
 Full Name (Last, First, Middle Initial)
 Mailing Address 1001 ASSISI DR
 APT 302
 City DUBUQUE State IA Zip Code 52001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 NONE RETIRED
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 02 / 2014
Transaction ID : SA11AI.47386
 Amount of Each Receipt this Period
 150.00

C. MS SANDRA K WERNER 978
 Full Name (Last, First, Middle Initial)
 Mailing Address 880 W JOHNS AVE
 City HERMISTON State OR Zip Code 97838
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 NONE RETIRED
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 24 / 2014
Transaction ID : SA11AI.47445
 Amount of Each Receipt this Period
 150.00

SUBTOTAL of Receipts This Page (optional).....▶	295.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 111 OF 207
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND

A. MR PRESTON G WOOD 088
 Full Name (Last, First, Middle Initial)
 Mailing Address 11 LANDSDOWN RD
 City ANNANDALE State NJ Zip Code 08801
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 07 / 2014
Transaction ID : SA11AI.48004
 Amount of Each Receipt this Period
 150.00

B. MR PRESTON G WOOD 088
 Full Name (Last, First, Middle Initial)
 Mailing Address 11 LANDSDOWN RD
 City ANNANDALE State NJ Zip Code 08801
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 03 / 2014
Transaction ID : SA11AI.48005
 Amount of Each Receipt this Period
 50.00

C. MR DENNIS WURZELBACHER 452
 Full Name (Last, First, Middle Initial)
 Mailing Address 3561 W KEMPER RD
 City CINCINNATI State OH Zip Code 45251
 FEC ID number of contributing federal political committee. **C**
 Name of Employer FALLS BUS SERVICE Occupation PRESIDENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 03 / 2014
Transaction ID : SA11AI.48117
 Amount of Each Receipt this Period
 150.00

SUBTOTAL of Receipts This Page (optional).....▶	350.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 112 OF 207
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND

A. MR DENNIS WURZELBACHER 452
 Full Name (Last, First, Middle Initial)
 Mailing Address 3561 W KEMPER RD
 City CINCINNATI State OH Zip Code 45251
 FEC ID number of contributing federal political committee. **C**
 Name of Employer FALLS BUS SERVICE Occupation PRESIDENT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **350.00**

Date of Receipt **06 / 13 / 2014**
Transaction ID : SA11AI.48118
 Amount of Each Receipt this Period **50.00**

B. MS ANGELA B YALAMANCHILI 770
 Full Name (Last, First, Middle Initial)
 Mailing Address 11204 CYPRESS CT
 City HOUSTON State TX Zip Code 77065
 FEC ID number of contributing federal political committee. **C**
 Name of Employer C&C INVESTMENTS Occupation FINANCIAL ADVISOR
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **06 / 09 / 2014**
Transaction ID : SA11AI.48135
 Amount of Each Receipt this Period **200.00**

C. MR CRAIG THOMAS YATES 949
 Full Name (Last, First, Middle Initial)
 Mailing Address 1004 LOS GAMOS RD APT E
 City SAN RAFAEL State CA Zip Code 94903
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF EMPLOYED Occupation
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **300.00**

Date of Receipt **05 / 22 / 2014**
Transaction ID : SA11AI.48152
 Amount of Each Receipt this Period **300.00**

SUBTOTAL of Receipts This Page (optional).....▶	550.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 113 OF 207
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND

A. Full Name (Last, First, Middle Initial)
MS CHRISTY E ZIEGLER 231

Mailing Address 10136 LYNNHILL CT

City MECHANICSVLLE	State VA	Zip Code 23116
-----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer NONE	Occupation HOMEMAKER
--------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 30 / 2014
Transaction ID : SA11AI.48281

Amount of Each Receipt this Period
200.00

B. Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
------------------	------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
------------------	------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	200.00
TOTAL This Period (last page this line number only).....▶	55920.00

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 114 OF 207
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input checked="" type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input checked="" type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND

Full Name (Last, First, Middle Initial) A. CONSERVATIVE MAJORITY FUND		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 30 / 2014 Transaction ID : SA17.48498
Mailing Address 2776 S ARLINGTON MILL DR #806		Amount of Each Receipt this Period 9511.55
City ARLINGTON State VA Zip Code 22206		
FEC ID number of contributing federal political committee. C C00524454	Name of Employer Occupation	Aggregate Year-to-Date ▼ 9511.55
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B.		Date of Receipt M M / D D / Y Y Y Y Y Y
Mailing Address		Amount of Each Receipt this Period
City State Zip Code		
FEC ID number of contributing federal political committee. C	Name of Employer Occupation	Aggregate Year-to-Date ▼
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C.		Date of Receipt M M / D D / Y Y Y Y Y Y
Mailing Address		Amount of Each Receipt this Period
City State Zip Code		
FEC ID number of contributing federal political committee. C	Name of Employer Occupation	Aggregate Year-to-Date ▼
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	9511.55
TOTAL This Period (last page this line number only).....▶	9511.55

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND

Full Name (Last, First, Middle Initial)

A. ACTIVE ENGAGEMENT LLC

Mailing Address 44084 RIVERSIDE PKWY
SUITE 350

City LANSDOWNE State VA Zip Code 20176

Purpose of Disbursement
eMAIL FUNDRAISING

003

Candidate Name

CONSERVATIVE MAJORITY FUND

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		22		2014

Transaction ID : SB21B.48402

Amount of Each Disbursement this Period

100.00

Full Name (Last, First, Middle Initial)

B. ACTIVE ENGAGEMENT LLC

Mailing Address 44084 RIVERSIDE PKWY
SUITE 350

City LANSDOWNE State VA Zip Code 20176

Purpose of Disbursement
eMAIL FUNDRAISING

003

Candidate Name

CONSERVATIVE MAJORITY FUND

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		07		2014

Transaction ID : SB21B.48403

Amount of Each Disbursement this Period

531.25

Full Name (Last, First, Middle Initial)

C. ACTIVE ENGAGEMENT LLC

Mailing Address 44084 RIVERSIDE PKWY
SUITE 350

City LANSDOWNE State VA Zip Code 20176

Purpose of Disbursement
eMAIL FUNDRAISING

003

Candidate Name

CONSERVATIVE MAJORITY FUND

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		20		2014

Transaction ID : SB21B.48404

Amount of Each Disbursement this Period

17290.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

17921.25

TOTAL This Period (last page this line number only)..... ▶

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND

Full Name (Last, First, Middle Initial)

A. ACTIVE ENGAGEMENT LLC

Mailing Address 44084 RIVERSIDE PKWY
SUITE 350

City LANSDOWNE State VA Zip Code 20176

Purpose of Disbursement
eMAIL FUNDRAISING

003

Candidate Name

CONSERVATIVE MAJORITY FUND

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	3		2	0	1	4

Transaction ID : SB21B.48405

Amount of Each Disbursement this Period

1	1	8	9	3	.	0	0
---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. ACTIVE ENGAGEMENT LLC

Mailing Address 44084 RIVERSIDE PKWY
SUITE 350

City LANSDOWNE State VA Zip Code 20176

Purpose of Disbursement
eMAIL FUNDRAISING

003

Candidate Name

CONSERVATIVE MAJORITY FUND

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	0		2	0	1	4

Transaction ID : SB21B.48406

Amount of Each Disbursement this Period

1	3	1	2	8	.	0	0
---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. ACTIVE ENGAGEMENT LLC

Mailing Address 44084 RIVERSIDE PKWY
SUITE 350

City LANSDOWNE State VA Zip Code 20176

Purpose of Disbursement
eMAIL FUNDRAISING

003

Candidate Name

CONSERVATIVE MAJORITY FUND

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	7		2	0	1	4

Transaction ID : SB21B.48407

Amount of Each Disbursement this Period

3	9	8	1	.	7	5
---	---	---	---	---	---	---

SUBTOTAL of Disbursements This Page (optional)..... ▶

2	9	0	0	.	7	5
---	---	---	---	---	---	---

TOTAL This Period (last page this line number only)..... ▶

2	9	0	0	.	7	5
---	---	---	---	---	---	---

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND

Full Name (Last, First, Middle Initial)

A. AMBASSADOR ACCOUNTING

Mailing Address 7521 PRESIDENTIAL LN

City MANASSAS State VA Zip Code 20109

Purpose of Disbursement
ESCROW SERVICES

001

Candidate Name

CONSERVATIVE MAJORITY FUND

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
04 / 08 / 2014

Transaction ID : SB21B.48408

Amount of Each Disbursement this Period

112.27

Full Name (Last, First, Middle Initial)

B. AMBASSADOR ACCOUNTING

Mailing Address 7521 PRESIDENTIAL LN

City MANASSAS State VA Zip Code 20109

Purpose of Disbursement
ESCROW SERVICES

001

Candidate Name

CONSERVATIVE MAJORITY FUND

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
04 / 17 / 2014

Transaction ID : SB21B.48409

Amount of Each Disbursement this Period

102.55

Full Name (Last, First, Middle Initial)

C. AMBASSADOR ACCOUNTING

Mailing Address 7521 PRESIDENTIAL LN

City MANASSAS State VA Zip Code 20109

Purpose of Disbursement
ESCROW SERVICES

001

Candidate Name

CONSERVATIVE MAJORITY FUND

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
05 / 07 / 2014

Transaction ID : SB21B.48410

Amount of Each Disbursement this Period

69.25

SUBTOTAL of Disbursements This Page (optional)..... ▶

284.07

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND

Full Name (Last, First, Middle Initial)

A. AMBASSADOR ACCOUNTING

Mailing Address 7521 PRESIDENTIAL LN

City MANASSAS State VA Zip Code 20109

Purpose of Disbursement
ESCROW SERVICES

001

Candidate Name

CONSERVATIVE MAJORITY FUND

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	3		2	0	1	4

Transaction ID : SB21B.48411

Amount of Each Disbursement this Period

1	6	9	.	2	7
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. BAKER & HOSTETLER LLP

Mailing Address PO BOX 70189

City CLEVELAND State OH Zip Code 44190

Purpose of Disbursement
LEGAL SERVICES

001

Candidate Name

CONSERVATIVE MAJORITY FUND

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	2		2	0	1	4

Transaction ID : SB21B.48369

Amount of Each Disbursement this Period

9	9	2	.	4	8
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. BAKER & HOSTETLER LLP

Mailing Address PO BOX 70189

City CLEVELAND State OH Zip Code 44190

Purpose of Disbursement
LEGAL SERVICES

001

Candidate Name

CONSERVATIVE MAJORITY FUND

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	7		2	0	1	4

Transaction ID : SB21B.48371

Amount of Each Disbursement this Period

2	4	3	.	7	5
---	---	---	---	---	---

SUBTOTAL of Disbursements This Page (optional)..... ▶

1	2	5	3	1	.	0	5
---	---	---	---	---	---	---	---

TOTAL This Period (last page this line number only)..... ▶

1	2	5	3	1	.	0	5
---	---	---	---	---	---	---	---

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND

Full Name (Last, First, Middle Initial) A. FIRST MERIT BANK		Date of Disbursement MM / DD / YYYY 04 / 03 / 2014
Mailing Address 295 FIRSTMERIT CIR		Transaction ID : SB21B.48436
City AKRON State OH Zip Code 44307	Amount of Each Disbursement this Period 20.00	
Purpose of Disbursement NSF CHECK FEES	Category/Type 001	
Candidate Name CONSERVATIVE MAJORITY FUND		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. FIRST MERIT BANK		Date of Disbursement MM / DD / YYYY 04 / 04 / 2014
Mailing Address 295 FIRSTMERIT CIR		Transaction ID : SB21B.48426
City AKRON State OH Zip Code 44307	Amount of Each Disbursement this Period 30.85	
Purpose of Disbursement B OF A DISCOUNT FEE	Category/Type 001	
Candidate Name CONSERVATIVE MAJORITY FUND		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. FIRST MERIT BANK		Date of Disbursement MM / DD / YYYY 04 / 04 / 2014
Mailing Address 295 FIRSTMERIT CIR		Transaction ID : SB21B.48429
City AKRON State OH Zip Code 44307	Amount of Each Disbursement this Period 686.28	
Purpose of Disbursement B OF A MERCHANT SERVICE FEE	Category/Type 001	
Candidate Name CONSERVATIVE MAJORITY FUND		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional).....▶	737.13
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND

Full Name (Last, First, Middle Initial)

A. FIRST MERIT BANK

Mailing Address 295 FIRSTMERIT CIR

City AKRON State OH Zip Code 44307

Purpose of Disbursement
B OF A INTERCHNG FEE

001

Candidate Name

CONSERVATIVE MAJORITY FUND

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		04		2014

Transaction ID : SB21B.48432

Amount of Each Disbursement this Period

1275.97

Full Name (Last, First, Middle Initial)

B. FIRST MERIT BANK

Mailing Address 295 FIRSTMERIT CIR

City AKRON State OH Zip Code 44307

Purpose of Disbursement
NSF CHECK FEES

001

Candidate Name

CONSERVATIVE MAJORITY FUND

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		04		2014

Transaction ID : SB21B.48437

Amount of Each Disbursement this Period

30.00

Full Name (Last, First, Middle Initial)

C. FIRST MERIT BANK

Mailing Address 295 FIRSTMERIT CIR

City AKRON State OH Zip Code 44307

Purpose of Disbursement
NSF CHECK FEES

001

Candidate Name

CONSERVATIVE MAJORITY FUND

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		07		2014

Transaction ID : SB21B.48438

Amount of Each Disbursement this Period

10.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

1315.97

TOTAL This Period (last page this line number only)..... ▶

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND

Full Name (Last, First, Middle Initial) A. FIRST MERIT BANK		Date of Disbursement MM / DD / YYYY 04 / 08 / 2014
Mailing Address 295 FIRSTMERIT CIR		Transaction ID : SB21B.48480
City AKRON State OH Zip Code 44307	Amount of Each Disbursement this Period 20.00	
Purpose of Disbursement USA ePAY BILLING	Category/Type 001	
Candidate Name CONSERVATIVE MAJORITY FUND	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. FIRST MERIT BANK		Date of Disbursement MM / DD / YYYY 04 / 14 / 2014
Mailing Address 295 FIRSTMERIT CIR		Transaction ID : SB21B.48424
City AKRON State OH Zip Code 44307	Amount of Each Disbursement this Period 10.00	
Purpose of Disbursement ACCOUNT ANALYSIS FEE	Category/Type 001	
Candidate Name CONSERVATIVE MAJORITY FUND	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. FIRST MERIT BANK		Date of Disbursement MM / DD / YYYY 04 / 17 / 2014
Mailing Address 295 FIRSTMERIT CIR		Transaction ID : SB21B.48439
City AKRON State OH Zip Code 44307	Amount of Each Disbursement this Period 10.00	
Purpose of Disbursement NSF CHECK FEES	Category/Type 001	
Candidate Name CONSERVATIVE MAJORITY FUND	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional).....▶	40.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND

Full Name (Last, First, Middle Initial) A. FIRST MERIT BANK		Date of Disbursement MM / DD / YYYY 04 / 18 / 2014
Mailing Address 295 FIRSTMERIT CIR		Transaction ID : SB21B.48440
City AKRON	State OH	
Purpose of Disbursement NSF CHECK FEES	Candidate Name CONSERVATIVE MAJORITY FUND	Amount of Each Disbursement this Period 001 40.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

Full Name (Last, First, Middle Initial) B. FIRST MERIT BANK		Date of Disbursement MM / DD / YYYY 04 / 21 / 2014
Mailing Address 295 FIRSTMERIT CIR		Transaction ID : SB21B.48441
City AKRON	State OH	
Purpose of Disbursement NSF CHECK FEES	Candidate Name CONSERVATIVE MAJORITY FUND	Amount of Each Disbursement this Period 001 30.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

Full Name (Last, First, Middle Initial) C. FIRST MERIT BANK		Date of Disbursement MM / DD / YYYY 04 / 22 / 2014
Mailing Address 295 FIRSTMERIT CIR		Transaction ID : SB21B.48442
City AKRON	State OH	
Purpose of Disbursement NSF CHECK FEES	Candidate Name CONSERVATIVE MAJORITY FUND	Amount of Each Disbursement this Period 001 30.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	100.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND

Full Name (Last, First, Middle Initial)

A. FIRST MERIT BANK

Mailing Address 295 FIRSTMERIT CIR

City AKRON State OH Zip Code 44307

Purpose of Disbursement
NSF CHECK FEES

001

Candidate Name

CONSERVATIVE MAJORITY FUND

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		23		2014

Transaction ID : SB21B.48443

Amount of Each Disbursement this Period

10.00

Full Name (Last, First, Middle Initial)

B. FIRST MERIT BANK

Mailing Address 295 FIRSTMERIT CIR

City AKRON State OH Zip Code 44307

Purpose of Disbursement
NSF CHECK FEES

001

Candidate Name

CONSERVATIVE MAJORITY FUND

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		24		2014

Transaction ID : SB21B.48444

Amount of Each Disbursement this Period

10.00

Full Name (Last, First, Middle Initial)

C. FIRST MERIT BANK

Mailing Address 295 FIRSTMERIT CIR

City AKRON State OH Zip Code 44307

Purpose of Disbursement
NSF CHECK FEES

001

Candidate Name

CONSERVATIVE MAJORITY FUND

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		25		2014

Transaction ID : SB21B.48445

Amount of Each Disbursement this Period

10.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

30.00

TOTAL This Period (last page this line number only)..... ▶

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND

Full Name (Last, First, Middle Initial)

A. FIRST MERIT BANK

Mailing Address 295 FIRSTMERIT CIR

City AKRON State OH Zip Code 44307

Purpose of Disbursement
NSF CHECK FEES

001

Candidate Name

CONSERVATIVE MAJORITY FUND

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	8		2	0	1	4

Transaction ID : SB21B.48446

Amount of Each Disbursement this Period

1	0	.	0	0
---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. FIRST MERIT BANK

Mailing Address 295 FIRSTMERIT CIR

City AKRON State OH Zip Code 44307

Purpose of Disbursement
NSF CHECK FEES

001

Candidate Name

CONSERVATIVE MAJORITY FUND

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	9		2	0	1	4

Transaction ID : SB21B.48447

Amount of Each Disbursement this Period

2	0	.	0	0
---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. FIRST MERIT BANK

Mailing Address 295 FIRSTMERIT CIR

City AKRON State OH Zip Code 44307

Purpose of Disbursement
NSF CHECK FEES

001

Candidate Name

CONSERVATIVE MAJORITY FUND

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	1	4

Transaction ID : SB21B.48448

Amount of Each Disbursement this Period

1	0	.	0	0
---	---	---	---	---

SUBTOTAL of Disbursements This Page (optional)..... ▶

4	0	.	0	0
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TOTAL This Period (last page this line number only)..... ▶

4	0	.	0	0
---	---	---	---	---

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND

Full Name (Last, First, Middle Initial) A. FIRST MERIT BANK		Date of Disbursement MM / DD / YYYY 04 / 30 / 2014
Mailing Address 295 FIRSTMERIT CIR		Transaction ID : SB21B.48474
City AKRON State OH Zip Code 44307	Amount of Each Disbursement this Period 30.00	
Purpose of Disbursement SPECIAL HANDLING FEE	Category/Type 001	
Candidate Name CONSERVATIVE MAJORITY FUND		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. FIRST MERIT BANK		Date of Disbursement MM / DD / YYYY 04 / 30 / 2014
Mailing Address 295 FIRSTMERIT CIR		Transaction ID : SB21B.48478
City AKRON State OH Zip Code 44307	Amount of Each Disbursement this Period 377.00	
Purpose of Disbursement TRANSACTION FEE	Category/Type 001	
Candidate Name CONSERVATIVE MAJORITY FUND		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. FIRST MERIT BANK		Date of Disbursement MM / DD / YYYY 05 / 02 / 2014
Mailing Address 295 FIRSTMERIT CIR		Transaction ID : SB21B.48449
City AKRON State OH Zip Code 44307	Amount of Each Disbursement this Period 10.00	
Purpose of Disbursement NSF CHECK FEES	Category/Type 001	
Candidate Name CONSERVATIVE MAJORITY FUND		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional).....▶	417.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND

Full Name (Last, First, Middle Initial)

A. FIRST MERIT BANK

Mailing Address 295 FIRSTMERIT CIR

City AKRON State OH Zip Code 44307

Purpose of Disbursement
B OF A DISCOUNT FEE

001

Candidate Name

CONSERVATIVE MAJORITY FUND

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	5		2	0	1	4

Transaction ID : SB21B.48427

Amount of Each Disbursement this Period

5	9	.	9	4
---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. FIRST MERIT BANK

Mailing Address 295 FIRSTMERIT CIR

City AKRON State OH Zip Code 44307

Purpose of Disbursement
B OF A MERCHANT SERVICE FEE

001

Candidate Name

CONSERVATIVE MAJORITY FUND

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	5		2	0	1	4

Transaction ID : SB21B.48430

Amount of Each Disbursement this Period

1	0	8	2	.	9	8
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. FIRST MERIT BANK

Mailing Address 295 FIRSTMERIT CIR

City AKRON State OH Zip Code 44307

Purpose of Disbursement
B OF A INTERCHNG FEE

001

Candidate Name

CONSERVATIVE MAJORITY FUND

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	5		2	0	1	4

Transaction ID : SB21B.48433

Amount of Each Disbursement this Period

2	5	1	6	.	9	7
---	---	---	---	---	---	---

SUBTOTAL of Disbursements This Page (optional)..... ▶

3	6	5	9	.	8	9
---	---	---	---	---	---	---

TOTAL This Period (last page this line number only)..... ▶

3	6	5	9	.	8	9
---	---	---	---	---	---	---

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND

Full Name (Last, First, Middle Initial) A. FIRST MERIT BANK		Date of Disbursement MM / DD / YYYY 05 / 07 / 2014
Mailing Address 295 FIRSTMERIT CIR		Transaction ID : SB21B.48481
City AKRON State OH Zip Code 44307	Amount of Each Disbursement this Period 20.00	
Purpose of Disbursement USA ePAY BILLING	Category/Type 001	Amount of Each Disbursement this Period 20.00
Candidate Name CONSERVATIVE MAJORITY FUND	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		

Full Name (Last, First, Middle Initial) B. FIRST MERIT BANK		Date of Disbursement MM / DD / YYYY 05 / 09 / 2014
Mailing Address 295 FIRSTMERIT CIR		Transaction ID : SB21B.48450
City AKRON State OH Zip Code 44307	Amount of Each Disbursement this Period 10.00	
Purpose of Disbursement NSF CHECK FEES	Category/Type 001	Amount of Each Disbursement this Period 10.00
Candidate Name CONSERVATIVE MAJORITY FUND	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		

Full Name (Last, First, Middle Initial) C. FIRST MERIT BANK		Date of Disbursement MM / DD / YYYY 05 / 13 / 2014
Mailing Address 295 FIRSTMERIT CIR		Transaction ID : SB21B.48422
City AKRON State OH Zip Code 44307	Amount of Each Disbursement this Period 50.00	
Purpose of Disbursement AMEX COLLECTION FEE	Category/Type 001	Amount of Each Disbursement this Period 50.00
Candidate Name CONSERVATIVE MAJORITY FUND	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	80.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND

Full Name (Last, First, Middle Initial)

A. FIRST MERIT BANK

Mailing Address 295 FIRSTMERIT CIR

City AKRON State OH Zip Code 44307

Purpose of Disbursement
ACCOUNT ANALYSIS FEE

001

Candidate Name

CONSERVATIVE MAJORITY FUND

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
05 / 14 / 2014

Transaction ID : **SB21B.48423**

Amount of Each Disbursement this Period

107.94

Full Name (Last, First, Middle Initial)

B. FIRST MERIT BANK

Mailing Address 295 FIRSTMERIT CIR

City AKRON State OH Zip Code 44307

Purpose of Disbursement
NSF CHECK FEES

001

Candidate Name

CONSERVATIVE MAJORITY FUND

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
05 / 14 / 2014

Transaction ID : **SB21B.48451**

Amount of Each Disbursement this Period

20.00

Full Name (Last, First, Middle Initial)

C. FIRST MERIT BANK

Mailing Address 295 FIRSTMERIT CIR

City AKRON State OH Zip Code 44307

Purpose of Disbursement
NSF CHECK FEES

001

Candidate Name

CONSERVATIVE MAJORITY FUND

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
05 / 15 / 2014

Transaction ID : **SB21B.48452**

Amount of Each Disbursement this Period

20.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

147.94

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND

Full Name (Last, First, Middle Initial) A. FIRST MERIT BANK		Date of Disbursement MM / DD / YYYY 05 / 19 / 2014
Mailing Address 295 FIRSTMERIT CIR		Transaction ID : SB21B.48453
City AKRON State OH Zip Code 44307	Amount of Each Disbursement this Period 10.00	
Purpose of Disbursement NSF CHECK FEES	Category/Type 001	Amount of Each Disbursement this Period 10.00
Candidate Name CONSERVATIVE MAJORITY FUND	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		

Full Name (Last, First, Middle Initial) B. FIRST MERIT BANK		Date of Disbursement MM / DD / YYYY 05 / 20 / 2014
Mailing Address 295 FIRSTMERIT CIR		Transaction ID : SB21B.48454
City AKRON State OH Zip Code 44307	Amount of Each Disbursement this Period 10.00	
Purpose of Disbursement NSF CHECK FEES	Category/Type 001	Amount of Each Disbursement this Period 10.00
Candidate Name CONSERVATIVE MAJORITY FUND	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		

Full Name (Last, First, Middle Initial) C. FIRST MERIT BANK		Date of Disbursement MM / DD / YYYY 05 / 27 / 2014
Mailing Address 295 FIRSTMERIT CIR		Transaction ID : SB21B.48455
City AKRON State OH Zip Code 44307	Amount of Each Disbursement this Period 20.00	
Purpose of Disbursement NSF CHECK FEES	Category/Type 001	Amount of Each Disbursement this Period 20.00
Candidate Name CONSERVATIVE MAJORITY FUND	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		

SUBTOTAL of Disbursements This Page (optional)..... ▶	40.00
TOTAL This Period (last page this line number only)..... ▶	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND

Full Name (Last, First, Middle Initial) A. FIRST MERIT BANK		Date of Disbursement MM / DD / YYYY 05 / 30 / 2014
Mailing Address 295 FIRSTMERIT CIR		Transaction ID : SB21B.48456
City AKRON State OH Zip Code 44307	Amount of Each Disbursement this Period 30.00	
Purpose of Disbursement NSF CHECK FEES	Category/Type 001	
Candidate Name CONSERVATIVE MAJORITY FUND		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. FIRST MERIT BANK		Date of Disbursement MM / DD / YYYY 05 / 30 / 2014
Mailing Address 295 FIRSTMERIT CIR		Transaction ID : SB21B.48475
City AKRON State OH Zip Code 44307	Amount of Each Disbursement this Period 30.00	
Purpose of Disbursement SPECIAL HANDLING FEE	Category/Type 001	
Candidate Name CONSERVATIVE MAJORITY FUND		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. FIRST MERIT BANK		Date of Disbursement MM / DD / YYYY 05 / 30 / 2014
Mailing Address 295 FIRSTMERIT CIR		Transaction ID : SB21B.48477
City AKRON State OH Zip Code 44307	Amount of Each Disbursement this Period 361.50	
Purpose of Disbursement TRANSACTION FEE	Category/Type 001	
Candidate Name CONSERVATIVE MAJORITY FUND		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional).....▶	421.50
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND

Full Name (Last, First, Middle Initial)

A. FIRST MERIT BANK

Mailing Address 295 FIRSTMERIT CIR

City AKRON State OH Zip Code 44307

Purpose of Disbursement
NSF CHECK FEES

001

Candidate Name

CONSERVATIVE MAJORITY FUND

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
06 / 02 / 2014

Transaction ID : SB21B.48457

Amount of Each Disbursement this Period

70.00

Full Name (Last, First, Middle Initial)

B. FIRST MERIT BANK

Mailing Address 295 FIRSTMERIT CIR

City AKRON State OH Zip Code 44307

Purpose of Disbursement
NSF CHECK FEES

001

Candidate Name

CONSERVATIVE MAJORITY FUND

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
06 / 03 / 2014

Transaction ID : SB21B.48458

Amount of Each Disbursement this Period

10.00

Full Name (Last, First, Middle Initial)

C. FIRST MERIT BANK

Mailing Address 295 FIRSTMERIT CIR

City AKRON State OH Zip Code 44307

Purpose of Disbursement
B OF A DISCOUNT FEE

001

Candidate Name

CONSERVATIVE MAJORITY FUND

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
06 / 04 / 2014

Transaction ID : SB21B.48428

Amount of Each Disbursement this Period

36.53

SUBTOTAL of Disbursements This Page (optional)..... ▶

116.53

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND

Full Name (Last, First, Middle Initial)

A. FIRST MERIT BANK

Mailing Address 295 FIRSTMERIT CIR

City AKRON State OH Zip Code 44307

Purpose of Disbursement
B OF A MERCHANT SERVICE FEE

001

Candidate Name
CONSERVATIVE MAJORITY FUND

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	4		2	0	1	4

Transaction ID : **SB21B.48431**

Amount of Each Disbursement this Period

8	1	4	9	1
---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. FIRST MERIT BANK

Mailing Address 295 FIRSTMERIT CIR

City AKRON State OH Zip Code 44307

Purpose of Disbursement
B OF A INTERCHNG FEE

001

Candidate Name
CONSERVATIVE MAJORITY FUND

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	4		2	0	1	4

Transaction ID : **SB21B.48434**

Amount of Each Disbursement this Period

1	5	4	6	1	4
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. FIRST MERIT BANK

Mailing Address 295 FIRSTMERIT CIR

City AKRON State OH Zip Code 44307

Purpose of Disbursement
NSF CHECK FEES

001

Candidate Name
CONSERVATIVE MAJORITY FUND

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	6		2	0	1	4

Transaction ID : **SB21B.48459**

Amount of Each Disbursement this Period

3	0	0	0
---	---	---	---

SUBTOTAL of Disbursements This Page (optional)..... ▶

2	3	9	1	0	5
---	---	---	---	---	---

TOTAL This Period (last page this line number only)..... ▶

2	3	9	1	0	5
---	---	---	---	---	---

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND

Full Name (Last, First, Middle Initial)

A. FIRST MERIT BANK

Mailing Address 295 FIRSTMERIT CIR

City AKRON State OH Zip Code 44307

Purpose of Disbursement
USA ePAY BILLING

001

Candidate Name
CONSERVATIVE MAJORITY FUND

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	6		2	0	1	4

Transaction ID : SB21B.48482

Amount of Each Disbursement this Period

2	0	.	0	0
---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. FIRST MERIT BANK

Mailing Address 295 FIRSTMERIT CIR

City AKRON State OH Zip Code 44307

Purpose of Disbursement
NSF CHECK FEES

001

Candidate Name
CONSERVATIVE MAJORITY FUND

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	9		2	0	1	4

Transaction ID : SB21B.48460

Amount of Each Disbursement this Period

3	0	.	0	0
---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. FIRST MERIT BANK

Mailing Address 295 FIRSTMERIT CIR

City AKRON State OH Zip Code 44307

Purpose of Disbursement
NSF CHECK FEES

001

Candidate Name
CONSERVATIVE MAJORITY FUND

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	0		2	0	1	4

Transaction ID : SB21B.48461

Amount of Each Disbursement this Period

1	0	.	0	0
---	---	---	---	---

SUBTOTAL of Disbursements This Page (optional)..... ▶

6	0	.	0	0
---	---	---	---	---

TOTAL This Period (last page this line number only)..... ▶

6	0	.	0	0
---	---	---	---	---

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND

Full Name (Last, First, Middle Initial) A. FIRST MERIT BANK		Date of Disbursement MM / DD / YYYY 06 / 11 / 2014
Mailing Address 295 FIRSTMERIT CIR		Transaction ID : SB21B.48462
City AKRON State OH Zip Code 44307	Amount of Each Disbursement this Period 20.00	
Purpose of Disbursement NSF CHECK FEES	Category/Type 001	
Candidate Name CONSERVATIVE MAJORITY FUND		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. FIRST MERIT BANK		Date of Disbursement MM / DD / YYYY 06 / 12 / 2014
Mailing Address 295 FIRSTMERIT CIR		Transaction ID : SB21B.48463
City AKRON State OH Zip Code 44307	Amount of Each Disbursement this Period 30.00	
Purpose of Disbursement NSF CHECK FEES	Category/Type 001	
Candidate Name CONSERVATIVE MAJORITY FUND		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. FIRST MERIT BANK		Date of Disbursement MM / DD / YYYY 06 / 13 / 2014
Mailing Address 295 FIRSTMERIT CIR		Transaction ID : SB21B.48425
City AKRON State OH Zip Code 44307	Amount of Each Disbursement this Period 105.00	
Purpose of Disbursement ACCOUNT ANALYSIS FEE	Category/Type 001	
Candidate Name CONSERVATIVE MAJORITY FUND		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional).....▶	155.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND

Full Name (Last, First, Middle Initial) A. FIRST MERIT BANK		Date of Disbursement MM / DD / YYYY 06 / 13 / 2014
Mailing Address 295 FIRSTMERIT CIR		Transaction ID : SB21B.48464
City AKRON	State OH	
Purpose of Disbursement NSF CHECK FEES	Category/ Type 001	Amount of Each Disbursement this Period 10.00
Candidate Name CONSERVATIVE MAJORITY FUND	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. FIRST MERIT BANK		Date of Disbursement MM / DD / YYYY 06 / 16 / 2014
Mailing Address 295 FIRSTMERIT CIR		Transaction ID : SB21B.48465
City AKRON	State OH	
Purpose of Disbursement NSF CHECK FEES	Category/ Type 001	Amount of Each Disbursement this Period 10.00
Candidate Name CONSERVATIVE MAJORITY FUND	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. FIRST MERIT BANK		Date of Disbursement MM / DD / YYYY 06 / 18 / 2014
Mailing Address 295 FIRSTMERIT CIR		Transaction ID : SB21B.48466
City AKRON	State OH	
Purpose of Disbursement NSF CHECK FEES	Category/ Type 001	Amount of Each Disbursement this Period 10.00
Candidate Name CONSERVATIVE MAJORITY FUND	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional).....▶	30.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND

Full Name (Last, First, Middle Initial)

A. FIRST MERIT BANK

Mailing Address 295 FIRSTMERIT CIR

City AKRON State OH Zip Code 44307

Purpose of Disbursement
CHECK ORDER CHARGE

001

Candidate Name

CONSERVATIVE MAJORITY FUND

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 19 / 2014

Transaction ID : SB21B.48435

Amount of Each Disbursement this Period

41.93

Full Name (Last, First, Middle Initial)

B. FIRST MERIT BANK

Mailing Address 295 FIRSTMERIT CIR

City AKRON State OH Zip Code 44307

Purpose of Disbursement
NSF CHECK FEES

001

Candidate Name

CONSERVATIVE MAJORITY FUND

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 19 / 2014

Transaction ID : SB21B.48467

Amount of Each Disbursement this Period

10.00

Full Name (Last, First, Middle Initial)

C. FIRST MERIT BANK

Mailing Address 295 FIRSTMERIT CIR

City AKRON State OH Zip Code 44307

Purpose of Disbursement
NSF CHECK FEES

001

Candidate Name

CONSERVATIVE MAJORITY FUND

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 20 / 2014

Transaction ID : SB21B.48468

Amount of Each Disbursement this Period

20.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

71.93

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND

Full Name (Last, First, Middle Initial) A. FIRST MERIT BANK		Date of Disbursement MM / DD / YYYY 06 / 23 / 2014
Mailing Address 295 FIRSTMERIT CIR		Transaction ID : SB21B.48469
City AKRON State OH Zip Code 44307	Amount of Each Disbursement this Period 10.00	
Purpose of Disbursement NSF CHECK FEES	Category/Type 001	
Candidate Name CONSERVATIVE MAJORITY FUND		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. FIRST MERIT BANK		Date of Disbursement MM / DD / YYYY 06 / 24 / 2014
Mailing Address 295 FIRSTMERIT CIR		Transaction ID : SB21B.48470
City AKRON State OH Zip Code 44307	Amount of Each Disbursement this Period 10.00	
Purpose of Disbursement NSF CHECK FEES	Category/Type 001	
Candidate Name CONSERVATIVE MAJORITY FUND		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. FIRST MERIT BANK		Date of Disbursement MM / DD / YYYY 06 / 25 / 2014
Mailing Address 295 FIRSTMERIT CIR		Transaction ID : SB21B.48471
City AKRON State OH Zip Code 44307	Amount of Each Disbursement this Period 30.00	
Purpose of Disbursement NSF CHECK FEES	Category/Type 001	
Candidate Name CONSERVATIVE MAJORITY FUND		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	50.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND

Full Name (Last, First, Middle Initial) A. FIRST MERIT BANK		Date of Disbursement MM / DD / YYYY 06 / 27 / 2014
Mailing Address 295 FIRSTMERIT CIR		Transaction ID : SB21B.48472
City AKRON State OH Zip Code 44307	Amount of Each Disbursement this Period 10.00	
Purpose of Disbursement NSF CHECK FEES	Category/Type 001	
Candidate Name CONSERVATIVE MAJORITY FUND		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. FIRST MERIT BANK		Date of Disbursement MM / DD / YYYY 06 / 30 / 2014
Mailing Address 295 FIRSTMERIT CIR		Transaction ID : SB21B.48473
City AKRON State OH Zip Code 44307	Amount of Each Disbursement this Period 10.00	
Purpose of Disbursement NSF CHECK FEES	Category/Type 001	
Candidate Name CONSERVATIVE MAJORITY FUND		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. FIRST MERIT BANK		Date of Disbursement MM / DD / YYYY 06 / 30 / 2014
Mailing Address 295 FIRSTMERIT CIR		Transaction ID : SB21B.48476
City AKRON State OH Zip Code 44307	Amount of Each Disbursement this Period 30.00	
Purpose of Disbursement SPECIAL HANDLING FEE	Category/Type 001	
Candidate Name CONSERVATIVE MAJORITY FUND		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)..... ▶	50.00
TOTAL This Period (last page this line number only)..... ▶	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND

Full Name (Last, First, Middle Initial)

A. FIRST MERIT BANK

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		30		2014

Mailing Address 295 FIRSTMERIT CIR

Transaction ID : SB21B.48479

City AKRON State OH Zip Code 44307

Amount of Each Disbursement this Period

704.50

Purpose of Disbursement
TRANSACTION FEE

001
Category/ Type

Candidate Name

CONSERVATIVE MAJORITY FUND

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Full Name (Last, First, Middle Initial)

B. FIRST VIRGINIA COMMUNITY BANK

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		02		2014

Mailing Address 11325 RANDOM HILLS RD

Transaction ID : SB21B.48412

City FAIRFAX State VA Zip Code 22030

Amount of Each Disbursement this Period

9.98

Purpose of Disbursement
SERVICE CHARGE

001
Category/ Type

Candidate Name

CONSERVATIVE MAJORITY FUND

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Full Name (Last, First, Middle Initial)

C. FIRST VIRGINIA COMMUNITY BANK

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		03		2014

Mailing Address 11325 RANDOM HILLS RD

Transaction ID : SB21B.48415

City FAIRFAX State VA Zip Code 22030

Amount of Each Disbursement this Period

10.02

Purpose of Disbursement
SERVICE CHARGE

001
Category/ Type

Candidate Name

CONSERVATIVE MAJORITY FUND

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

724.50

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND

Full Name (Last, First, Middle Initial)

A. FIRST VIRGINIA COMMUNITY BANK

Mailing Address 11325 RANDOM HILLS RD

City State Zip Code
FAIRFAX VA 22030

Purpose of Disbursement
GLOBAL SERVICES FEE

001

Candidate Name

CONSERVATIVE MAJORITY FUND

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	3		2	0	1	4

Transaction ID : **SB21B.48418**

Amount of Each Disbursement this Period

4	8	.	0	0
---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. FIRST VIRGINIA COMMUNITY BANK

Mailing Address 11325 RANDOM HILLS RD

City State Zip Code
FAIRFAX VA 22030

Purpose of Disbursement
SERVICE CHARGE

001

Candidate Name

CONSERVATIVE MAJORITY FUND

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	1		2	0	1	4

Transaction ID : **SB21B.48416**

Amount of Each Disbursement this Period

1	3	.	7	4
---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. FIRST VIRGINIA COMMUNITY BANK

Mailing Address 11325 RANDOM HILLS RD

City State Zip Code
FAIRFAX VA 22030

Purpose of Disbursement
SERVICE CHARGE

001

Candidate Name

CONSERVATIVE MAJORITY FUND

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	2		2	0	1	4

Transaction ID : **SB21B.48413**

Amount of Each Disbursement this Period

9	9	.	8
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SUBTOTAL of Disbursements This Page (optional)..... ▶

7	1	.	7	2
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TOTAL This Period (last page this line number only)..... ▶

7	1	.	7	2
---	---	---	---	---

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND

Full Name (Last, First, Middle Initial)

A. FIRST VIRGINIA COMMUNITY BANK

Mailing Address 11325 RANDOM HILLS RD

City State Zip Code
FAIRFAX VA 22030

Purpose of Disbursement
GLOBAL SERVICES FEE

001

Candidate Name

CONSERVATIVE MAJORITY FUND

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	8		2	0	1	4

Transaction ID : SB21B.48419

Amount of Each Disbursement this Period

5	2	.	2	3
---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. FIRST VIRGINIA COMMUNITY BANK

Mailing Address 11325 RANDOM HILLS RD

City State Zip Code
FAIRFAX VA 22030

Purpose of Disbursement
SERVICE CHARGE

001

Candidate Name

CONSERVATIVE MAJORITY FUND

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	2		2	0	1	4

Transaction ID : SB21B.48414

Amount of Each Disbursement this Period

9	.	9	8
---	---	---	---

Full Name (Last, First, Middle Initial)

C. FIRST VIRGINIA COMMUNITY BANK

Mailing Address 11325 RANDOM HILLS RD

City State Zip Code
FAIRFAX VA 22030

Purpose of Disbursement
SERVICE CHARGE

001

Candidate Name

CONSERVATIVE MAJORITY FUND

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	6		2	0	1	4

Transaction ID : SB21B.48417

Amount of Each Disbursement this Period

9	.	8	2
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SUBTOTAL of Disbursements This Page (optional)..... ▶

7	2	.	0	3
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TOTAL This Period (last page this line number only)..... ▶

7	2	.	0	3
---	---	---	---	---

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND

Full Name (Last, First, Middle Initial) A. FIRST VIRGINIA COMMUNITY BANK		Date of Disbursement MM / DD / YYYY 06 / 06 / 2014
Mailing Address 11325 RANDOM HILLS RD		Transaction ID : SB21B.48420
City FAIRFAX	State VA	
Purpose of Disbursement GLOBAL SERVICES FEE	Category/ Type 001	Amount of Each Disbursement this Period 129.14
Candidate Name CONSERVATIVE MAJORITY FUND	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. INFOCISION MANAGEMENT CORP		Date of Disbursement MM / DD / YYYY 04 / 03 / 2014
Mailing Address 325 SPRINGSIDE DR		Transaction ID : SB21B.71122
City AKRON	State OH	
Purpose of Disbursement DIRECT RESPONSE FUNDRAISING	Category/ Type 003	Amount of Each Disbursement this Period 22699.40
Candidate Name CONSERVATIVE MAJORITY FUND	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. INFOCISION MANAGEMENT CORP		Date of Disbursement MM / DD / YYYY 04 / 14 / 2014
Mailing Address 325 SPRINGSIDE DR		Transaction ID : SB21B.71123
City AKRON	State OH	
Purpose of Disbursement DIRECT RESPONSE FUNDRAISING	Category/ Type 003	Amount of Each Disbursement this Period 10376.64
Candidate Name CONSERVATIVE MAJORITY FUND	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional).....▶	33205.18
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND

Full Name (Last, First, Middle Initial)

A. INFOCISION MANAGEMENT CORP

Mailing Address 325 SPRINGSIDE DR

City AKRON State OH Zip Code 44333

Purpose of Disbursement
DIRECT RESPONSE FUNDRAISING

003

Candidate Name
CONSERVATIVE MAJORITY FUND

Category/
Type

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

MM / DD / YYYY
04 / 17 / 2014

Transaction ID : **SB21B.71124**

Amount of Each Disbursement this Period

21317.57

Full Name (Last, First, Middle Initial)

B. INFOCISION MANAGEMENT CORP

Mailing Address 325 SPRINGSIDE DR

City AKRON State OH Zip Code 44333

Purpose of Disbursement
DIRECT RESPONSE FUNDRAISING

003

Candidate Name
CONSERVATIVE MAJORITY FUND

Category/
Type

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

MM / DD / YYYY
04 / 25 / 2014

Transaction ID : **SB21B.71125**

Amount of Each Disbursement this Period

42604.23

Full Name (Last, First, Middle Initial)

C. LYNNBURN COMMUNICATONS INC

Mailing Address 39 CEDARWOOD LN

City CHADDS FORD State PA Zip Code 19317

Purpose of Disbursement
PRINTING & MAILSHOP

003

Candidate Name
CONSERVATIVE MAJORITY FUND

Category/
Type

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

MM / DD / YYYY
06 / 09 / 2014

Transaction ID : **SB21B.48375**

Amount of Each Disbursement this Period

8309.80

SUBTOTAL of Disbursements This Page (optional)..... ▶

72231.60

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND

Full Name (Last, First, Middle Initial)

A. MACKENZIE & COMPANY

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			0	3			2	0	1	4		

Mailing Address 2776 S ARLINGTON MILL DR #806

Transaction ID : SB21B.48376

City ARLINGTON State VA Zip Code 22206

Amount of Each Disbursement this Period

1	5	0	0	0	0
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Purpose of Disbursement
CONSULTING - COMPLIANCE

001
Category/ Type

Candidate Name

CONSERVATIVE MAJORITY FUND

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

B. MACKENZIE & COMPANY

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			0	1	5		2	0	1	4		

Mailing Address 2776 S ARLINGTON MILL DR #806

Transaction ID : SB21B.48377

City ARLINGTON State VA Zip Code 22206

Amount of Each Disbursement this Period

6	5	0	0	0	0
---	---	---	---	---	---

Purpose of Disbursement
CONSULTING - COMPLIANCE

001
Category/ Type

Candidate Name

CONSERVATIVE MAJORITY FUND

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

C. MACKENZIE & COMPANY

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			0	1			2	0	1	4		

Mailing Address 2776 S ARLINGTON MILL DR #806

Transaction ID : SB21B.48378

City ARLINGTON State VA Zip Code 22206

Amount of Each Disbursement this Period

5	2	5	0	0	0
---	---	---	---	---	---

Purpose of Disbursement
CONSULTING - COMPLIANCE

001
Category/ Type

Candidate Name

CONSERVATIVE MAJORITY FUND

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

1	3	2	5	0	0
---	---	---	---	---	---

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND

Full Name (Last, First, Middle Initial)

A. MACKENZIE & COMPANY

Mailing Address 2776 S ARLINGTON MILL DR #806

City ARLINGTON State VA Zip Code 22206

Purpose of Disbursement
CONSULTING - COMPLIANCE

001

Candidate Name

CONSERVATIVE MAJORITY FUND

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
05 / 30 / 2014

Transaction ID : SB21B.48379

Amount of Each Disbursement this Period

5250.00

Full Name (Last, First, Middle Initial)

B. MACKENZIE & COMPANY

Mailing Address 2776 S ARLINGTON MILL DR #806

City ARLINGTON State VA Zip Code 22206

Purpose of Disbursement
CONSULTING - COMPLIANCE

001

Candidate Name

CONSERVATIVE MAJORITY FUND

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
06 / 15 / 2014

Transaction ID : SB21B.48394

Amount of Each Disbursement this Period

7500.00

Full Name (Last, First, Middle Initial)

C. MACKENZIE & COMPANY

Mailing Address 2776 S ARLINGTON MILL DR #806

City ARLINGTON State VA Zip Code 22206

Purpose of Disbursement
CONSULTING - COMPLIANCE & POSTAGE REIMB

001

Candidate Name

CONSERVATIVE MAJORITY FUND

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
06 / 26 / 2014

Transaction ID : SB21B.48380

Amount of Each Disbursement this Period

9500.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

22250.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND

Full Name (Last, First, Middle Initial)

A. E M SEILER

Mailing Address STATE ROUTE 7
UNIT 679

City WINCHESTER State VA Zip Code 22601

Purpose of Disbursement
DATA PROCESSING

001

Candidate Name

CONSERVATIVE MAJORITY FUND

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
04 / 14 / 2014

Transaction ID : **SB21B.48372**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. E M SEILER

Mailing Address STATE ROUTE 7
UNIT 679

City WINCHESTER State VA Zip Code 22601

Purpose of Disbursement
CAGING & DATA ENTRY

001

Candidate Name

CONSERVATIVE MAJORITY FUND

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
06 / 15 / 2014

Transaction ID : **SB21B.48374**

Amount of Each Disbursement this Period

650.00

Full Name (Last, First, Middle Initial)

C. STRATEGIC CAMPAIGN GROUP

Mailing Address 4600 NORTH FAIRFAX DR
SUITE 802

City ARLINGTON State VA Zip Code 22203

Purpose of Disbursement
WEBSITE - RACKSPACE SERVER HOSTING & EMAILS

001

Candidate Name

CONSERVATIVE MAJORITY FUND

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
04 / 14 / 2014

Transaction ID : **SB21B.48381**

Amount of Each Disbursement this Period

2419.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

4069.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND

Full Name (Last, First, Middle Initial)

A. STRATEGIC CAMPAIGN GROUP

Mailing Address 4600 NORTH FAIRFAX DR
SUITE 802

City ARLINGTON State VA Zip Code 22203

Purpose of Disbursement
WEBSITE MAINTENANCE & MAJOR DONOR PROGRAM

001

Candidate Name

CONSERVATIVE MAJORITY FUND

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	2		2	0	1	4

Transaction ID : **SB21B.48382**

Amount of Each Disbursement this Period

7	0	5	2	.	7	8
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. STRATEGIC CAMPAIGN GROUP

Mailing Address 4600 NORTH FAIRFAX DR
SUITE 802

City ARLINGTON State VA Zip Code 22203

Purpose of Disbursement
CONSULTING - MANAGEMENT

001

Candidate Name

CONSERVATIVE MAJORITY FUND

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	1		2	0	1	4

Transaction ID : **SB21B.48383**

Amount of Each Disbursement this Period

7	5	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. STRATEGIC CAMPAIGN GROUP

Mailing Address 4600 NORTH FAIRFAX DR
SUITE 802

City ARLINGTON State VA Zip Code 22203

Purpose of Disbursement
CONSULTING - MANAGEMENT & MAJOR DONOR PROGRAM

001

Candidate Name

CONSERVATIVE MAJORITY FUND

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	7		2	0	1	4

Transaction ID : **SB21B.48384**

Amount of Each Disbursement this Period

1	5	6	4	.	6	7	8
---	---	---	---	---	---	---	---

SUBTOTAL of Disbursements This Page (optional)..... ▶

3	0	1	9	.	5	6
---	---	---	---	---	---	---

TOTAL This Period (last page this line number only)..... ▶

3	0	1	9	.	5	6
---	---	---	---	---	---	---

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND

Full Name (Last, First, Middle Initial)

A. STRATEGIC CAMPAIGN GROUP

Mailing Address 4600 NORTH FAIRFAX DR
SUITE 802

City ARLINGTON State VA Zip Code 22203

Purpose of Disbursement
LIST MAINTENANCE, CLEAN-UP & ENHANCEMENTS

003

Candidate Name
CONSERVATIVE MAJORITY FUND

Category/
Type

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

MM / DD / YYYY
06 / 09 / 2014

Transaction ID : **SB21B.48386**

Amount of Each Disbursement this Period

3263.67

Full Name (Last, First, Middle Initial)

B. WASHINGTON INTELLIGENCE BUREAU

Mailing Address 4128 PEPSI PL

City CHANTILLY State VA Zip Code 20151

Purpose of Disbursement
CAGING SERVICES

001

Candidate Name
CONSERVATIVE MAJORITY FUND

Category/
Type

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

MM / DD / YYYY
05 / 30 / 2014

Transaction ID : **SB21B.48387**

Amount of Each Disbursement this Period

100.69

Full Name (Last, First, Middle Initial)

C. WASHINGTON INTELLIGENCE BUREAU

Mailing Address 4128 PEPSI PL

City CHANTILLY State VA Zip Code 20151

Purpose of Disbursement
CAGING & ESCROW SERVICES

001

Candidate Name
CONSERVATIVE MAJORITY FUND

Category/
Type

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

MM / DD / YYYY
06 / 17 / 2014

Transaction ID : **SB21B.48421**

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

4364.36

TOTAL This Period (last page this line number only)..... ▶

250131.01

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND

Full Name (Last, First, Middle Initial)

A. ELECT SHERIFF JOE ARPAIO

Mailing Address PO BOX 5066

City State Zip Code
SCOTTSDALE AZ 85261

Purpose of Disbursement
POLITICAL CONTRIBUTION

011

Category/
Type

Candidate Name

JOE ARPAIO

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
04 / 11 / 2014

Transaction ID : SB29.48395

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

2500.00

2500.00

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 151 OF 207
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor INFOCISION MANAGEMENT CORP	Nature of Debt (Purpose): VOTER CONTACT & SOLICITATION CALLS
Mailing Address 325 SPRINGSIDE DR	
City State Zip Code AKRON OH 44333	

Outstanding Balance Beginning This Period <input type="text" value="87349.91"/>	Transaction ID : SD10.4163	
Amount Incurred This Period <input type="text" value="9647.93"/>	Payment This Period <input type="text" value="96997.84"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period <input type="text"/>		
Amount Incurred This Period <input type="text"/>	Payment This Period <input type="text"/>	Outstanding Balance at Close of This Period <input type="text"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period <input type="text"/>		
Amount Incurred This Period <input type="text"/>	Payment This Period <input type="text"/>	Outstanding Balance at Close of This Period <input type="text"/>

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="0.00"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text" value="0.00"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00524454
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
MEMO ITEM
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure
VOTER CONTACT CALLS (4/01 - 4/07/2014)
Category/Type 004
Name of Federal Candidate
MARK BEGICH
Support Oppose
Calendar Year-To-Date
Per Election for Office Sought 491.98

Date of Public Distribution/Dissemination
04 / 01 / 2014
Amount
491.98
Transaction ID : SE.4105
Date of Disbursement or Obligation
04 / 01 / 2014
Office Sought: House District: 00
President Senate State: AK
Disbursement For: Primary General
2014 Other (specify)

Full Name of Payee
INFOCISION MANAGEMENT CORP
MEMO ITEM
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure
VOTER CONTACT CALLS (4/01 - 4/07/2014)
Category/Type 004
Name of Federal Candidate
MARK L PRYOR
Support Oppose
Calendar Year-To-Date
Per Election for Office Sought 2023.24

Date of Public Distribution/Dissemination
04 / 01 / 2014
Amount
2023.24
Transaction ID : SE.4116
Date of Disbursement or Obligation
04 / 01 / 2014
Office Sought: House District: 00
President Senate State: AR
Disbursement For: Primary General
2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
SCOTT B MACKENZIE
[Electronically Filed]
Date 02 / 13 / 2016
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00524454
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
MEMO ITEM
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure
VOTER CONTACT CALLS (4/01 - 4/07/2014)
Category/Type 004
Name of Federal Candidate
MARK E UDALL
Support Oppose
Office Sought: House Senate State: CO
Calendar Year-To-Date Per Election for Office Sought 3625.03

Date of Public Distribution/Dissemination
04 / 01 / 2014
Amount
3625.03
Transaction ID : SE.4117
Date of Disbursement or Obligation
04 / 01 / 2014
Disbursement For: Primary General 2014
Other (specify)

Full Name of Payee
INFOCISION MANAGEMENT CORP
MEMO ITEM
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure
VOTER CONTACT CALLS (4/01 - 4/07/2014)
Category/Type 004
Name of Federal Candidate
MARY L LANDRIEU
Support Oppose
Office Sought: House Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 3159.21

Date of Public Distribution/Dissemination
04 / 01 / 2014
Amount
3159.21
Transaction ID : SE.4118
Date of Disbursement or Obligation
04 / 01 / 2014
Disbursement For: Primary General 2014
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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SCOTT B MACKENZIE
[Electronically Filed]
Date 02 / 13 / 2016
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY FUND
FEC IDENTIFICATION NUMBER C C00524454
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee INFOCISION MANAGEMENT CORP [MEMO ITEM]
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS (4/01 - 4/07/2014) Category/Type 004
Name of Federal Candidate AL FRANKEN Support Oppose Office Sought: House Senate State: MN
Calendar Year-To-Date Per Election for Office Sought 3724.72
Disbursement For: Primary General 2014

Full Name of Payee INFOCISION MANAGEMENT CORP [MEMO ITEM]
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS (4/01 - 4/07/2014) Category/Type 004
Name of Federal Candidate JOHN E WALSH Support Oppose Office Sought: House Senate State: MT
Calendar Year-To-Date Per Election for Office Sought 711.60
Disbursement For: Primary General 2014

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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SCOTT B MACKENZIE [Electronically Filed] Date 02 / 13 / 2016
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00524454
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
MEMO ITEM
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure
VOTER CONTACT CALLS (4/01 - 4/07/2014)
Category/Type 004
Name of Federal Candidate
JEANNE SHAHEEN
Support Oppose
Office Sought: House Senate State: NH
Calendar Year-To-Date Per Election for Office Sought 946.49

Date of Public Distribution/Dissemination
04 / 01 / 2014
Amount
946.49
Transaction ID : SE.4121
Date of Disbursement or Obligation
04 / 01 / 2014
Disbursement For: Primary General 2014
Other (specify)

Full Name of Payee
INFOCISION MANAGEMENT CORP
MEMO ITEM
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure
VOTER CONTACT CALLS (4/01 - 4/07/2014)
Category/Type 004
Name of Federal Candidate
KAY R HAGAN
Support Oppose
Office Sought: House Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 6801.78

Date of Public Distribution/Dissemination
04 / 01 / 2014
Amount
6801.78
Transaction ID : SE.4122
Date of Disbursement or Obligation
04 / 01 / 2014
Disbursement For: Primary General 2014
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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SCOTT B MACKENZIE
[Electronically Filed]
Date 02 / 13 / 2016
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY FUND
FEC IDENTIFICATION NUMBER C C00524454
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee INFOCISION MANAGEMENT CORP [MEMO ITEM]
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS (4/01 - 4/07/2014) Category/Type 004
Name of Federal Candidate JEFFREY A MERKLEY Support Oppose
Calendar Year-To-Date Per Election for Office Sought 2763.41

Date of Public Distribution/Dissemination 04 / 01 / 2014
Amount 2763.41
Transaction ID : SE.4123
Date of Disbursement or Obligation 04 / 01 / 2014
Office Sought: House District: 00
President Senate State: OR
Disbursement For: Primary General 2014 Other (specify)

Full Name of Payee INFOCISION MANAGEMENT CORP [MEMO ITEM]
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS (4/01 - 4/07/2014) Category/Type 004
Name of Federal Candidate MARK J WARNER Support Oppose
Calendar Year-To-Date Per Election for Office Sought 5752.54

Date of Public Distribution/Dissemination 04 / 01 / 2014
Amount 5752.54
Transaction ID : SE.4124
Date of Disbursement or Obligation 04 / 01 / 2014
Office Sought: House District: 00
President Senate State: VA
Disbursement For: Primary General 2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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SCOTT B MACKENZIE [Electronically Filed] Date 02 / 13 / 2016
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00524454
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
MEMO ITEM
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure
VOTER CONTACT CALLS OVER THE NEXT TWO WEEKS
Category/Type 004
Name of Federal Candidate
MARK BEGICH
Support Oppose
Calendar Year-To-Date
Per Election for Office Sought 2213.91

Date of Public Distribution/Dissemination
04 / 24 / 2014
Amount
1721.93
Transaction ID : SE.48325
Date of Disbursement or Obligation
04 / 24 / 2014
Office Sought: House District: 00
Senate State: AK
Disbursement For: Primary General
2014 Other (specify)

Full Name of Payee
INFOCISION MANAGEMENT CORP
MEMO ITEM
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure
VOTER CONTACT CALLS OVER THE NEXT TWO WEEKS
Category/Type 004
Name of Federal Candidate
MARK L PRYOR
Support Oppose
Calendar Year-To-Date
Per Election for Office Sought 9104.58

Date of Public Distribution/Dissemination
04 / 24 / 2014
Amount
7081.34
Transaction ID : SE.48326
Date of Disbursement or Obligation
04 / 24 / 2014
Office Sought: House District: 00
Senate State: AR
Disbursement For: Primary General
2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE
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Date 02 / 13 / 2016
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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY FUND
FEC IDENTIFICATION NUMBER C C00524454
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee INFOCISION MANAGEMENT CORP [MEMO ITEM]
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS OVER THE NEXT TWO WEEKS Category/Type 004
Name of Federal Candidate MARK E UDALL Support Oppose
Calendar Year-To-Date Per Election for Office Sought 16312.64

Date of Public Distribution/Dissemination 04 / 24 / 2014
Amount 12687.61
Transaction ID : SE.48327
Date of Disbursement or Obligation 04 / 24 / 2014
Office Sought: House District: 00
President Senate State: CO
Disbursement For: Primary General 2014 Other (specify)

Full Name of Payee INFOCISION MANAGEMENT CORP [MEMO ITEM]
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS OVER THE NEXT TWO WEEKS Category/Type 004
Name of Federal Candidate MARY L LANDRIEU Support Oppose
Calendar Year-To-Date Per Election for Office Sought 14216.43

Date of Public Distribution/Dissemination 04 / 24 / 2014
Amount 11057.22
Transaction ID : SE.48328
Date of Disbursement or Obligation 04 / 24 / 2014
Office Sought: House District: 00
President Senate State: LA
Disbursement For: Primary General 2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY FUND
FEC IDENTIFICATION NUMBER C C00524454
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee INFOCISION MANAGEMENT CORP [MEMO ITEM]
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS OVER THE NEXT TWO WEEKS Category/Type 004
Name of Federal Candidate AL FRANKEN Support Oppose
Calendar Year-To-Date Per Election for Office Sought 16761.23

Date of Public Distribution/Dissemination 04 / 24 / 2014
Amount 13036.51
Transaction ID : SE.48329
Date of Disbursement or Obligation 04 / 24 / 2014
Office Sought: House District: 00
Senate State: MN
Disbursement For: Primary General 2014 Other (specify)

Full Name of Payee INFOCISION MANAGEMENT CORP [MEMO ITEM]
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS OVER THE NEXT TWO WEEKS Category/Type 004
Name of Federal Candidate JOHN E WALSH Support Oppose
Calendar Year-To-Date Per Election for Office Sought 3202.21

Date of Public Distribution/Dissemination 04 / 24 / 2014
Amount 2490.61
Transaction ID : SE.48330
Date of Disbursement or Obligation 04 / 24 / 2014
Office Sought: House District: 00
Senate State: MT
Disbursement For: Primary General 2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY FUND
FEC IDENTIFICATION NUMBER C C00524454
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee INFOCISION MANAGEMENT CORP [MEMO ITEM]
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS OVER THE NEXT TWO WEEKS Category/Type 004
Name of Federal Candidate JEANNE SHAHEEN Support Oppose Office Sought: House Senate State: NH
Calendar Year-To-Date Per Election for Office Sought 4259.20
Date of Public Distribution/Dissemination 04/24/2014
Amount 3312.71
Transaction ID: SE.48331
Date of Disbursement or Obligation 04/24/2014
Disbursement For: Primary General 2014 Other (specify)

Full Name of Payee INFOCISION MANAGEMENT CORP [MEMO ITEM]
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS OVER THE NEXT TWO WEEKS Category/Type 004
Name of Federal Candidate KAY R HAGAN Support Oppose Office Sought: House Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 30608.02
Date of Public Distribution/Dissemination 04/24/2014
Amount 23806.24
Transaction ID: SE.48332
Date of Disbursement or Obligation 04/24/2014
Disbursement For: Primary General 2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
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Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY FUND	FEC IDENTIFICATION NUMBER ▼ C C00524454
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name of Payee INFOCISION MANAGEMENT CORP [MEMO ITEM]	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 04 / 24 / 2014
Mailing Address 325 SPRINGSIDE DR	Amount 9671.95
City AKRON State OH Zip Code 44333	Transaction ID : SE.48333 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 04 / 24 / 2014
Purpose of Expenditure VOTER CONTACT CALLS OVER THE NEXT TWO WEEKS	Category/Type 004
Name of Federal Candidate JEFFREY A MERKLEY	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: OR
Calendar Year-To-Date Per Election for Office Sought 12435.36	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee INFOCISION MANAGEMENT CORP [MEMO ITEM]	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 04 / 24 / 2014
Mailing Address 325 SPRINGSIDE DR	Amount 20133.89
City AKRON State OH Zip Code 44333	Transaction ID : SE.48334 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 04 / 24 / 2014
Purpose of Expenditure VOTER CONTACT CALLS OVER THE NEXT TWO WEEKS	Category/Type 004
Name of Federal Candidate MARK J WARNER	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: VA
Calendar Year-To-Date Per Election for Office Sought 25886.43	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

Signature _____ [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
02 / 13 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00524454
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS (4/01 - 4/07/2014)
Category/Type 004
Name of Federal Candidate MARK BEGICH
Office Sought: Senate State: AK
Disbursement For: General 2014
Amount 491.98
Transaction ID: SE.71039

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS (4/01 - 4/07/2014)
Category/Type 004
Name of Federal Candidate MARK L PRYOR
Office Sought: Senate State: AR
Disbursement For: General 2014
Amount 2023.24
Transaction ID: SE.71040

(a) SUBTOTAL of Itemized Independent Expenditures 2515.22
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
SCOTT B MACKENZIE
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Date 02 / 13 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY FUND	FEC IDENTIFICATION NUMBER ▼ C C00524454
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name of Payee INFOCISION MANAGEMENT CORP	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 04 / 01 / 2014
Mailing Address 325 SPRINGSIDE DR	Amount 3625.03
City AKRON State OH Zip Code 44333	Transaction ID : SE.71041 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 05 / 09 / 2014
Purpose of Expenditure VOTER CONTACT CALLS (4/01 - 4/07/2014) Category/Type 004	Name of Federal Candidate MARK E UDALL <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: CO
Calendar Year-To-Date Per Election for Office Sought 19937.67	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee INFOCISION MANAGEMENT CORP	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 04 / 01 / 2014
Mailing Address 325 SPRINGSIDE DR	Amount 3159.21
City AKRON State OH Zip Code 44333	Transaction ID : SE.71042 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 05 / 09 / 2014
Purpose of Expenditure VOTER CONTACT CALLS (4/01 - 4/07/2014) Category/Type 004	Name of Federal Candidate MARY L LANDRIEU <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 17375.64	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	6784.24
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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SCOTT B MACKENZIE

Signature _____ [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
02 / 13 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00524454
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS (4/01 - 4/07/2014)
Category/Type 004
Name of Federal Candidate AL FRANKEN
Office Sought: Senate State: MN
Disbursement For: General 2014
Amount 3724.72
Transaction ID: SE.71043

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS (4/01 - 4/07/2014)
Category/Type 004
Name of Federal Candidate JOHN E WALSH
Office Sought: Senate State: MT
Disbursement For: General 2014
Amount 711.60
Transaction ID: SE.71044

(a) SUBTOTAL of Itemized Independent Expenditures 4436.32
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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Date 02 / 13 / 2016
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY FUND	FEC IDENTIFICATION NUMBER ▼ C C00524454
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name of Payee INFOCISION MANAGEMENT CORP	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 04 / 01 / 2014
Mailing Address 325 SPRINGSIDE DR	Amount 946.49
City AKRON State OH Zip Code 44333	Transaction ID : SE.71045 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 05 / 09 / 2014
Purpose of Expenditure VOTER CONTACT CALLS (4/01 - 4/07/2014) Category/Type 004	Name of Federal Candidate JEANNE SHAHEEN <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NH
Calendar Year-To-Date Per Election for Office Sought 5205.69	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name of Payee INFOCISION MANAGEMENT CORP	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 04 / 01 / 2014
Mailing Address 325 SPRINGSIDE DR	Amount 6801.78
City AKRON State OH Zip Code 44333	Transaction ID : SE.71046 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 05 / 09 / 2014
Purpose of Expenditure VOTER CONTACT CALLS (4/01 - 4/07/2014) Category/Type 004	Name of Federal Candidate KAY R HAGAN <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 37409.80	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	7748.27
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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SCOTT B MACKENZIE

Signature _____ [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
02 / 13 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY FUND		FEC IDENTIFICATION NUMBER ▼ C C00524454
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y		

Full Name of Payee INFOCISION MANAGEMENT CORP		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 04 / 01 / 2014	
Mailing Address 325 SPRINGSIDE DR		Amount 2763.41	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.71047
Purpose of Expenditure VOTER CONTACT CALLS (4/01 - 4/07/2014)		Category/Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 05 / 09 / 2014
Name of Federal Candidate JEFFREY A MERKLEY		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>OR</u>
Calendar Year-To-Date Per Election for Office Sought 15198.77		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee INFOCISION MANAGEMENT CORP		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 04 / 01 / 2014	
Mailing Address 325 SPRINGSIDE DR		Amount 5752.54	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.71048
Purpose of Expenditure VOTER CONTACT CALLS (4/01 - 4/07/2014)		Category/Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 05 / 09 / 2014
Name of Federal Candidate MARK J WARNER		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>VA</u>
Calendar Year-To-Date Per Election for Office Sought 31638.97		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	8515.95
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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SCOTT B MACKENZIE

Signature _____ [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
02 / 13 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00524454
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS OVER THE NEXT TWO WEEKS
Category/Type 004
Name of Federal Candidate MARK BEGICH
Office Sought: Senate State: AK
Disbursement For: General 2014
Amount 147.68
Transaction ID: SE.71049
Date of Disbursement or Obligation 05/09/2014

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS OVER THE NEXT TWO WEEKS
Category/Type 004
Name of Federal Candidate MARK L PRYOR
Office Sought: Senate State: AR
Disbursement For: General 2014
Amount 607.33
Transaction ID: SE.71051
Date of Disbursement or Obligation 05/09/2014

(a) SUBTOTAL of Itemized Independent Expenditures 755.01
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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Date 02/13/2016
Signature

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ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00524454
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS OVER THE NEXT TWO WEEKS
Category/Type 004
Name of Federal Candidate MARK E UDALL
Office Sought: Senate State: CO
Disbursement For: General 2014
Amount 1088.15
Transaction ID: SE.71052
Date of Disbursement or Obligation 05/09/2014
Calendar Year-To-Date Per Election for Office Sought 21025.82

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS OVER THE NEXT TWO WEEKS
Category/Type 004
Name of Federal Candidate MARY L LANDRIEU
Office Sought: Senate State: LA
Disbursement For: General 2014
Amount 948.32
Transaction ID: SE.71053
Date of Disbursement or Obligation 05/09/2014
Calendar Year-To-Date Per Election for Office Sought 18323.96

(a) SUBTOTAL of Itemized Independent Expenditures 2036.47
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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SCOTT B MACKENZIE
[Electronically Filed]
Date 02/13/2016
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY FUND	FEC IDENTIFICATION NUMBER ▼ C C00524454
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name of Payee INFOCISION MANAGEMENT CORP	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 04 / 24 / 2014
Mailing Address 325 SPRINGSIDE DR	Amount 1118.08
City AKRON State OH Zip Code 44333	Transaction ID : SE.71054 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 05 / 09 / 2014
Purpose of Expenditure VOTER CONTACT CALLS OVER THE NEXT TWO WEEKS Category/Type 004	Name of Federal Candidate AL FRANKEN <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>MN</u>
Calendar Year-To-Date Per Election for Office Sought 21604.03	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee INFOCISION MANAGEMENT CORP	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 04 / 24 / 2014
Mailing Address 325 SPRINGSIDE DR	Amount 213.61
City AKRON State OH Zip Code 44333	Transaction ID : SE.71055 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 05 / 09 / 2014
Purpose of Expenditure VOTER CONTACT CALLS OVER THE NEXT TWO WEEKS Category/Type 004	Name of Federal Candidate JOHN E WALSH <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>MT</u>
Calendar Year-To-Date Per Election for Office Sought 4127.42	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	1331.69
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

Signature _____ [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
02 / 13 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY FUND		FEC IDENTIFICATION NUMBER ▼ C C00524454	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	

Full Name of Payee INFOCISION MANAGEMENT CORP		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 04 / 24 / 2014	
Mailing Address 325 SPRINGSIDE DR		Amount 284.11	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.71056
Purpose of Expenditure VOTER CONTACT CALLS OVER THE NEXT TWO WEEKS		Category/Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 05 / 09 / 2014
Name of Federal Candidate JEANNE SHAHEEN		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NH</u>
Calendar Year-To-Date Per Election for Office Sought		5489.80	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee INFOCISION MANAGEMENT CORP		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 04 / 24 / 2014	
Mailing Address 325 SPRINGSIDE DR		Amount 2041.74	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.71057
Purpose of Expenditure VOTER CONTACT CALLS OVER THE NEXT TWO WEEKS		Category/Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 05 / 09 / 2014
Name of Federal Candidate KAY R HAGAN		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought		39451.54	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	2325.85
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

Signature _____ [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
02 / 13 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY FUND
FEC IDENTIFICATION NUMBER C C00524454
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee INFOCISION MANAGEMENT CORP
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS OVER THE NEXT TWO WEEKS
Category/Type 004
Name of Federal Candidate JEFFREY A MERKLEY
Office Sought: Senate State: OR
Disbursement For: General 2014
Amount 829.51
Transaction ID: SE.71058
Date of Disbursement or Obligation 05/09/2014

Full Name of Payee INFOCISION MANAGEMENT CORP
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS OVER THE NEXT TWO WEEKS
Category/Type 004
Name of Federal Candidate MARK J WARNER
Office Sought: Senate State: VA
Disbursement For: General 2014
Amount 1726.78
Transaction ID: SE.71059
Date of Disbursement or Obligation 05/09/2014

(a) SUBTOTAL of Itemized Independent Expenditures 2556.29
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
SCOTT B MACKENZIE [Electronically Filed] Date 02/13/2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00524454
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS OVER THE NEXT TWO WEEKS
Category/Type 004
Name of Federal Candidate MARK BEGICH
Office Sought: Senate State: AK
Disbursement For: General 2014
Amount 25.13
Transaction ID: SE.71060
Date of Disbursement or Obligation 05/14/2014

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS OVER THE NEXT TWO WEEKS
Category/Type 004
Name of Federal Candidate MARK L PRYOR
Office Sought: Senate State: AR
Disbursement For: General 2014
Amount 103.34
Transaction ID: SE.71061
Date of Disbursement or Obligation 05/14/2014

(a) SUBTOTAL of Itemized Independent Expenditures 128.47
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
SCOTT B MACKENZIE
[Electronically Filed]
Date 02/13/2016
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY FUND
FEC IDENTIFICATION NUMBER C C00524454
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee INFOCISION MANAGEMENT CORP
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS OVER THE NEXT TWO WEEKS
Category/Type 004
Name of Federal Candidate MARK E UDALL
Office Sought: Senate State: CO
Disbursement For: General 2014
Amount 185.16
Transaction ID: SE.71062
Date of Disbursement or Obligation 05/14/2014

Full Name of Payee INFOCISION MANAGEMENT CORP
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS OVER THE NEXT TWO WEEKS
Category/Type 004
Name of Federal Candidate MARY L LANDRIEU
Office Sought: Senate State: LA
Disbursement For: General 2014
Amount 161.37
Transaction ID: SE.71063
Date of Disbursement or Obligation 05/14/2014

(a) SUBTOTAL of Itemized Independent Expenditures 346.53
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
SCOTT B MACKENZIE [Electronically Filed] Date 02/13/2016
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY FUND	FEC IDENTIFICATION NUMBER ▼ C C00524454
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name of Payee INFOCISION MANAGEMENT CORP		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 04 / 24 / 2014	
Mailing Address 325 SPRINGSIDE DR		Amount 99.99 190.25	
City AKRON State OH Zip Code 44333	Transaction ID : SE.71064 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 05 / 14 / 2014		
Purpose of Expenditure VOTER CONTACT CALLS OVER THE NEXT TWO WEEKS	Category/Type 004	Name of Federal Candidate AL FRANKEN <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: <u>00</u> <input type="checkbox"/> President State: <u>MN</u>	
Calendar Year-To-Date Per Election for Office Sought 99.99 21794.28		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee INFOCISION MANAGEMENT CORP		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 04 / 24 / 2014	
Mailing Address 325 SPRINGSIDE DR		Amount 99.99 36.35	
City AKRON State OH Zip Code 44333	Transaction ID : SE.71065 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 05 / 14 / 2014		
Purpose of Expenditure VOTER CONTACT CALLS OVER THE NEXT TWO WEEKS	Category/Type 004	Name of Federal Candidate JOHN E WALSH <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: <u>00</u> <input type="checkbox"/> President State: <u>MT</u>	
Calendar Year-To-Date Per Election for Office Sought 99.99 4163.77		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	99.99 226.60
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	99.99
(c) TOTAL Independent Expenditures..... ▶	99.99

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

Signature _____ [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
02 / 13 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00524454
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure
VOTER CONTACT CALLS OVER THE NEXT TWO WEEKS
Category/Type 004
Name of Federal Candidate
JEANNE SHAHEEN
Office Sought: Senate State: NH
Disbursement For: General
Amount 48.35
Transaction ID: SE.71066
Date of Disbursement or Obligation 05/14/2014
Calendar Year-To-Date Per Election for Office Sought 5538.15

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure
VOTER CONTACT CALLS OVER THE NEXT TWO WEEKS
Category/Type 004
Name of Federal Candidate
KAY R HAGAN
Office Sought: Senate State: NC
Disbursement For: General
Amount 347.43
Transaction ID: SE.71067
Date of Disbursement or Obligation 05/14/2014
Calendar Year-To-Date Per Election for Office Sought 39798.97

(a) SUBTOTAL of Itemized Independent Expenditures 395.78
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE [Electronically Filed] Date 02/13/2016
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY FUND	FEC IDENTIFICATION NUMBER ▼ C C00524454
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name of Payee INFOCISION MANAGEMENT CORP	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 04 / 24 / 2014
Mailing Address 325 SPRINGSIDE DR	Amount 192.20
City AKRON State OH Zip Code 44333	Transaction ID : SE.71070 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 05 / 20 / 2014
Purpose of Expenditure VOTER CONTACT CALLS OVER THE NEXT TWO WEEKS Category/Type 004	Name of Federal Candidate MARK BEGICH <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AK</u>
Calendar Year-To-Date Per Election for Office Sought 3070.90	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee INFOCISION MANAGEMENT CORP	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 04 / 24 / 2014
Mailing Address 325 SPRINGSIDE DR	Amount 790.42
City AKRON State OH Zip Code 44333	Transaction ID : SE.71071 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 05 / 20 / 2014
Purpose of Expenditure VOTER CONTACT CALLS OVER THE NEXT TWO WEEKS Category/Type 004	Name of Federal Candidate MARK L PRYOR <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>
Calendar Year-To-Date Per Election for Office Sought 12628.91	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	982.62
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

Signature _____ [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
02 / 13 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY FUND	FEC IDENTIFICATION NUMBER ▼ C C00524454
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name of Payee INFOCISION MANAGEMENT CORP	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 04 / 24 / 2014
Mailing Address 325 SPRINGSIDE DR	Amount 1416.20
City AKRON State OH Zip Code 44333	Transaction ID : SE.71072 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 05 / 20 / 2014
Purpose of Expenditure VOTER CONTACT CALLS OVER THE NEXT TWO WEEKS	Category/Type 004
Name of Federal Candidate MARK E UDALL	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: CO
Calendar Year-To-Date Per Election for Office Sought 22627.18	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name of Payee INFOCISION MANAGEMENT CORP	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 04 / 24 / 2014
Mailing Address 325 SPRINGSIDE DR	Amount 1234.21
City AKRON State OH Zip Code 44333	Transaction ID : SE.71073 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 05 / 20 / 2014
Purpose of Expenditure VOTER CONTACT CALLS OVER THE NEXT TWO WEEKS	Category/Type 004
Name of Federal Candidate MARY L LANDRIEU	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 19719.54	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	2650.41
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

Signature _____ [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
02 / 13 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY FUND
FEC IDENTIFICATION NUMBER C C00524454
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee INFOCISION MANAGEMENT CORP
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS OVER THE NEXT TWO WEEKS
Category/Type 004
Name of Federal Candidate AL FRANKEN
Office Sought: Senate State: MN
Disbursement For: General 2014
Amount 1455.14
Transaction ID: SE.71074
Date of Disbursement or Obligation 05/20/2014

Full Name of Payee INFOCISION MANAGEMENT CORP
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS OVER THE NEXT TWO WEEKS
Category/Type 004
Name of Federal Candidate JOHN E WALSH
Office Sought: Senate State: MT
Disbursement For: General 2014
Amount 278.00
Transaction ID: SE.71075
Date of Disbursement or Obligation 05/20/2014

(a) SUBTOTAL of Itemized Independent Expenditures 1733.14
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
SCOTT B MACKENZIE [Electronically Filed] Date 02/13/2016
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY FUND		FEC IDENTIFICATION NUMBER ▼ C C00524454
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		

Full Name of Payee INFOCISION MANAGEMENT CORP		Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 24 / 2014
Mailing Address 325 SPRINGSIDE DR		Amount 369.77
City AKRON	State OH	Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS OVER THE NEXT TWO WEEKS	Category/Type 004	Transaction ID : SE.71076 Date of Disbursement or Obligation MM / DD / YYYY 05 / 20 / 2014
Name of Federal Candidate JEANNE SHAHEEN	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NH</u>
Calendar Year-To-Date Per Election for Office Sought	5907.92	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee INFOCISION MANAGEMENT CORP		Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 24 / 2014
Mailing Address 325 SPRINGSIDE DR		Amount 2657.26
City AKRON	State OH	Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS OVER THE NEXT TWO WEEKS	Category/Type 004	Transaction ID : SE.71077 Date of Disbursement or Obligation MM / DD / YYYY 05 / 20 / 2014
Name of Federal Candidate KAY R HAGAN	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought	42456.23	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	3027.03
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

Signature _____ [Electronically Filed] Date **02 / 13 / 2016**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY FUND		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00524454 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		

Full Name of Payee INFOCISION MANAGEMENT CORP		Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 24 / 2014	
Mailing Address 325 SPRINGSIDE DR		Amount 1079.59	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.71078
Purpose of Expenditure VOTER CONTACT CALLS OVER THE NEXT TWO WEEKS	Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 05 / 20 / 2014	
Name of Federal Candidate JEFFREY A MERKLEY		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>OR</u>
Calendar Year-To-Date Per Election for Office Sought 17249.02		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee INFOCISION MANAGEMENT CORP		Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 24 / 2014	
Mailing Address 325 SPRINGSIDE DR		Amount 2247.35	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.71079
Purpose of Expenditure VOTER CONTACT CALLS OVER THE NEXT TWO WEEKS	Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 05 / 20 / 2014	
Name of Federal Candidate MARK J WARNER		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>VA</u>
Calendar Year-To-Date Per Election for Office Sought 35906.93		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	3326.94
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

Signature _____ [Electronically Filed] Date **02 / 13 / 2016**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY FUND	FEC IDENTIFICATION NUMBER ▼ C C00524454
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name of Payee INFOCISION MANAGEMENT CORP	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 04 / 24 / 2014
Mailing Address 325 SPRINGSIDE DR	Amount 782.63
City AKRON State OH Zip Code 44333	Transaction ID : SE.71080 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 06 / 02 / 2014
Purpose of Expenditure VOTER CONTACT CALLS OVER THE NEXT TWO WEEKS	Category/Type 004
Name of Federal Candidate MARK BEGICH	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AK
Calendar Year-To-Date Per Election for Office Sought 3853.53	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee INFOCISION MANAGEMENT CORP	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 04 / 24 / 2014
Mailing Address 325 SPRINGSIDE DR	Amount 3218.51
City AKRON State OH Zip Code 44333	Transaction ID : SE.71081 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 06 / 02 / 2014
Purpose of Expenditure VOTER CONTACT CALLS OVER THE NEXT TWO WEEKS	Category/Type 004
Name of Federal Candidate MARK L PRYOR	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 15847.42	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	4001.14
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

Signature _____ [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
02 / 13 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY FUND
FEC IDENTIFICATION NUMBER C C00524454
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee INFOCISION MANAGEMENT CORP
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS OVER THE NEXT TWO WEEKS
Category/Type 004
Name of Federal Candidate MARK E UDALL
Office Sought: Senate State: CO
Disbursement For: General 2014
Amount 5766.60
Transaction ID: SE.71082
Date of Disbursement or Obligation 06/02/2014

Full Name of Payee INFOCISION MANAGEMENT CORP
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS OVER THE NEXT TWO WEEKS
Category/Type 004
Name of Federal Candidate MARY L LANDRIEU
Office Sought: Senate State: LA
Disbursement For: General 2014
Amount 5025.57
Transaction ID: SE.71083
Date of Disbursement or Obligation 06/02/2014

(a) SUBTOTAL of Itemized Independent Expenditures 10792.17
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
SCOTT B MACKENZIE [Electronically Filed] Date 02/13/2016
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY FUND		FEC IDENTIFICATION NUMBER ▼ C C00524454	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	

Full Name of Payee INFOCISION MANAGEMENT CORP		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 04 / 24 / 2014	
Mailing Address 325 SPRINGSIDE DR		Amount 5925.17	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.71084
Purpose of Expenditure VOTER CONTACT CALLS OVER THE NEXT TWO WEEKS		Category/Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 06 / 02 / 2014
Name of Federal Candidate AL FRANKEN		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>MN</u>
Calendar Year-To-Date Per Election for Office Sought		29174.59	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee INFOCISION MANAGEMENT CORP		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 04 / 24 / 2014	
Mailing Address 325 SPRINGSIDE DR		Amount 1132.00	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.71085
Purpose of Expenditure VOTER CONTACT CALLS OVER THE NEXT TWO WEEKS		Category/Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 06 / 02 / 2014
Name of Federal Candidate JOHN E WALSH		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>MT</u>
Calendar Year-To-Date Per Election for Office Sought		5573.77	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	7057.17
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

Signature _____ [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
02 / 13 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY FUND		FEC IDENTIFICATION NUMBER ▼ C C00524454
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee INFOCISION MANAGEMENT CORP		Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 24 / 2014
Mailing Address 325 SPRINGSIDE DR		Amount 1505.65
City AKRON	State OH	Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS OVER THE NEXT TWO WEEKS	Category/Type 004	Transaction ID : SE.71086 Date of Disbursement or Obligation MM / DD / YYYY 06 / 02 / 2014
Name of Federal Candidate JEANNE SHAHEEN	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NH</u>
Calendar Year-To-Date Per Election for Office Sought	7413.57	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee INFOCISION MANAGEMENT CORP		Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 24 / 2014
Mailing Address 325 SPRINGSIDE DR		Amount 10820.08
City AKRON	State OH	Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS OVER THE NEXT TWO WEEKS	Category/Type 004	Transaction ID : SE.71087 Date of Disbursement or Obligation MM / DD / YYYY 06 / 02 / 2014
Name of Federal Candidate KAY R HAGAN	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought	53276.31	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	12325.73
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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SCOTT B MACKENZIE

Signature _____ [Electronically Filed] Date **02 / 13 / 2016**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY FUND		FEC IDENTIFICATION NUMBER ▼ C C00524454
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		

Full Name of Payee INFOCISION MANAGEMENT CORP		Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 24 / 2014	
Mailing Address 325 SPRINGSIDE DR		Amount 4395.96	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.71088
Purpose of Expenditure VOTER CONTACT CALLS OVER THE NEXT TWO WEEKS		Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 06 / 02 / 2014
Name of Federal Candidate JEFFREY A MERKLEY		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>OR</u>
Calendar Year-To-Date Per Election for Office Sought		21644.98	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee INFOCISION MANAGEMENT CORP		Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 24 / 2014	
Mailing Address 325 SPRINGSIDE DR		Amount 9150.98	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.71089
Purpose of Expenditure VOTER CONTACT CALLS OVER THE NEXT TWO WEEKS		Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 06 / 02 / 2014
Name of Federal Candidate MARK J WARNER		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>VA</u>
Calendar Year-To-Date Per Election for Office Sought		45057.91	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	13546.94
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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SCOTT B MACKENZIE

Signature _____ [Electronically Filed] Date MM / DD / YYYY
02 / 13 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY FUND
FEC IDENTIFICATION NUMBER C C00524454
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee INFOCISION MANAGEMENT CORP
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS OVER THE NEXT TWO WEEKS
Category/Type 004
Name of Federal Candidate MARK BEGICH
Office Sought: Senate State: AK
Disbursement For: General 2014
Amount 574.29
Transaction ID: SE.71091
Date of Disbursement or Obligation 06/09/2014

Full Name of Payee INFOCISION MANAGEMENT CORP
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS OVER THE NEXT TWO WEEKS
Category/Type 004
Name of Federal Candidate MARK L PRYOR
Office Sought: Senate State: AR
Disbursement For: General 2014
Amount 2361.73
Transaction ID: SE.71092
Date of Disbursement or Obligation 06/09/2014

(a) SUBTOTAL of Itemized Independent Expenditures 2936.02
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
SCOTT B MACKENZIE [Electronically Filed] Date 02/13/2016
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY FUND
FEC IDENTIFICATION NUMBER C C00524454
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee INFOCISION MANAGEMENT CORP
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS OVER THE NEXT TWO WEEKS
Category/Type 004
Name of Federal Candidate MARK E UDALL
Office Sought: Senate State: CO
Disbursement For: General 2014
Amount 4231.50
Transaction ID: SE.71093
Date of Disbursement or Obligation 06/09/2014

Full Name of Payee INFOCISION MANAGEMENT CORP
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS OVER THE NEXT TWO WEEKS
Category/Type 004
Name of Federal Candidate MARY L LANDRIEU
Office Sought: Senate State: LA
Disbursement For: General 2014
Amount 3687.74
Transaction ID: SE.71094
Date of Disbursement or Obligation 06/09/2014

(a) SUBTOTAL of Itemized Independent Expenditures 7919.24
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
SCOTT B MACKENZIE [Electronically Filed] Date 02/13/2016
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY FUND	FEC IDENTIFICATION NUMBER ▼ C C00524454
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name of Payee INFOCISION MANAGEMENT CORP	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 04 / 24 / 2014
Mailing Address 325 SPRINGSIDE DR	Amount 4347.87
City AKRON State OH Zip Code 44333	Transaction ID : SE.71095 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 06 / 09 / 2014
Purpose of Expenditure VOTER CONTACT CALLS OVER THE NEXT TWO WEEKS	Category/Type 004
Name of Federal Candidate AL FRANKEN	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 State: MN
Calendar Year-To-Date Per Election for Office Sought 33522.46	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee INFOCISION MANAGEMENT CORP	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 04 / 24 / 2014
Mailing Address 325 SPRINGSIDE DR	Amount 830.65
City AKRON State OH Zip Code 44333	Transaction ID : SE.71096 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 06 / 09 / 2014
Purpose of Expenditure VOTER CONTACT CALLS OVER THE NEXT TWO WEEKS	Category/Type 004
Name of Federal Candidate JOHN E WALSH	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 State: MT
Calendar Year-To-Date Per Election for Office Sought 6404.42	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	5178.52
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

Signature _____ [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
02 / 13 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY FUND	FEC IDENTIFICATION NUMBER ▼ C C00524454
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name of Payee INFOCISION MANAGEMENT CORP	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 04 / 24 / 2014
Mailing Address 325 SPRINGSIDE DR	Amount 1104.84
City AKRON State OH Zip Code 44333	Transaction ID : SE.71097 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 06 / 09 / 2014
Purpose of Expenditure VOTER CONTACT CALLS OVER THE NEXT TWO WEEKS	Category/Type 004
Name of Federal Candidate JEANNE SHAHEEN	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President State: NH
Calendar Year-To-Date Per Election for Office Sought 8518.41	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee INFOCISION MANAGEMENT CORP	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 04 / 24 / 2014
Mailing Address 325 SPRINGSIDE DR	Amount 7939.73
City AKRON State OH Zip Code 44333	Transaction ID : SE.71098 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 06 / 09 / 2014
Purpose of Expenditure VOTER CONTACT CALLS OVER THE NEXT TWO WEEKS	Category/Type 004
Name of Federal Candidate KAY R HAGAN	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President State: NC
Calendar Year-To-Date Per Election for Office Sought 61216.04	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	9044.57
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

Signature _____ [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
02 / 13 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY FUND	FEC IDENTIFICATION NUMBER ▼ C C00524454
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name of Payee INFOCISION MANAGEMENT CORP		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 04 / 24 / 2014	
Mailing Address 325 SPRINGSIDE DR		Amount 3225.74	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.71099
Purpose of Expenditure VOTER CONTACT CALLS OVER THE NEXT TWO WEEKS		Category/Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 06 / 09 / 2014
Name of Federal Candidate JEFFREY A MERKLEY		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>OR</u>
Calendar Year-To-Date Per Election for Office Sought 24870.72		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee INFOCISION MANAGEMENT CORP		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 04 / 24 / 2014	
Mailing Address 325 SPRINGSIDE DR		Amount 6714.95	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.71100
Purpose of Expenditure VOTER CONTACT CALLS OVER THE NEXT TWO WEEKS		Category/Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 06 / 09 / 2014
Name of Federal Candidate MARK J WARNER		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>VA</u>
Calendar Year-To-Date Per Election for Office Sought 51772.86		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	9940.69
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

Signature _____ [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
02 / 13 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY FUND
FEC IDENTIFICATION NUMBER C C00524454
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee INFOCISION MANAGEMENT CORP [MEMO ITEM]
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS OVER THE NEXT FEW WEEKS Category/Type 004
Date of Public Distribution/Dissemination 06/20/2014
Amount 1967.92
Transaction ID : SE.48338
Date of Disbursement or Obligation 06/20/2014
Name of Federal Candidate MARK BEGICH Support Oppose Office Sought: House Senate State: AK
Disbursement For: Primary General 2014 Other (specify)

Full Name of Payee INFOCISION MANAGEMENT CORP [MEMO ITEM]
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS OVER THE NEXT FEW WEEKS Category/Type 004
Date of Public Distribution/Dissemination 06/20/2014
Amount 8092.96
Transaction ID : SE.48339
Date of Disbursement or Obligation 06/20/2014
Name of Federal Candidate MARK L PRYOR Support Oppose Office Sought: House Senate State: AR
Disbursement For: Primary General 2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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SCOTT B MACKENZIE [Electronically Filed] Date 02/13/2016
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY FUND
FEC IDENTIFICATION NUMBER C C00524454
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee INFOCISION MANAGEMENT CORP [MEMO ITEM]
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS OVER THE NEXT FEW WEEKS Category/Type 004
Name of Federal Candidate MARK E UDALL Support Oppose
Calendar Year-To-Date Per Election for Office Sought 47125.41

Date of Public Distribution/Dissemination 06/20/2014
Amount 14500.13
Transaction ID : SE.48340
Date of Disbursement or Obligation 06/20/2014
Office Sought: House District: 00
President Senate State: CO
Disbursement For: Primary General 2014 Other (specify)

Full Name of Payee INFOCISION MANAGEMENT CORP [MEMO ITEM]
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS OVER THE NEXT FEW WEEKS Category/Type 004
Name of Federal Candidate MARY L LANDRIEU Support Oppose
Calendar Year-To-Date Per Election for Office Sought 41069.67

Date of Public Distribution/Dissemination 06/20/2014
Amount 12636.82
Transaction ID : SE.48341
Date of Disbursement or Obligation 06/20/2014
Office Sought: House District: 00
President Senate State: LA
Disbursement For: Primary General 2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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SCOTT B MACKENZIE [Electronically Filed] Date 02/13/2016
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00524454
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
MEMO ITEM
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure
VOTER CONTACT CALLS OVER THE NEXT FEW WEEKS
Category/Type 004
Name of Federal Candidate
AL FRANKEN Support Oppose
Calendar Year-To-Date Per Election for Office Sought 48421.33

Date of Public Distribution/Dissemination
06 / 20 / 2014
Amount
14898.87
Transaction ID : SE.48342
Date of Disbursement or Obligation
06 / 20 / 2014
Office Sought: House District: 00
Senate State: MN
Disbursement For: Primary General 2014

Full Name of Payee
INFOCISION MANAGEMENT CORP
MEMO ITEM
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure
VOTER CONTACT CALLS OVER THE NEXT FEW WEEKS
Category/Type 004
Name of Federal Candidate
JOHN E WALSH Support Oppose
Calendar Year-To-Date Per Election for Office Sought 9250.83

Date of Public Distribution/Dissemination
06 / 20 / 2014
Amount
2846.41
Transaction ID : SE.48343
Date of Disbursement or Obligation
06 / 20 / 2014
Office Sought: House District: 00
Senate State: MT
Disbursement For: Primary General 2014

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
SCOTT B MACKENZIE
[Electronically Filed]
Date 02 / 13 / 2016
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00524454
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
MEMO ITEM
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure
VOTER CONTACT CALLS OVER THE NEXT FEW WEEKS
Category/Type 004
Name of Federal Candidate
JEANNE SHAHEEN
Support Oppose
Calendar Year-To-Date
Per Election for Office Sought 12304.36

Date of Public Distribution/Dissemination
06 / 20 / 2014
Amount
3785.95
Transaction ID : SE.48344
Date of Disbursement or Obligation
06 / 20 / 2014
Office Sought: House District: 00
President Senate State: NH
Disbursement For: Primary General 2014
Other (specify)

Full Name of Payee
INFOCISION MANAGEMENT CORP
MEMO ITEM
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure
VOTER CONTACT CALLS OVER THE NEXT FEW WEEKS
Category/Type 004
Name of Federal Candidate
KAY R HAGAN
Support Oppose
Calendar Year-To-Date
Per Election for Office Sought 88423.17

Date of Public Distribution/Dissemination
06 / 20 / 2014
Amount
27207.13
Transaction ID : SE.48345
Date of Disbursement or Obligation
06 / 20 / 2014
Office Sought: House District: 00
President Senate State: NC
Disbursement For: Primary General 2014
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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Date 02 / 13 / 2016
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY FUND	FEC IDENTIFICATION NUMBER ▼ C C00524454
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name of Payee INFOCISION MANAGEMENT CORP [MEMO ITEM]	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 06 / 20 / 2014
Mailing Address 325 SPRINGSIDE DR	Amount 11053.66
City AKRON State OH Zip Code 44333	Transaction ID : SE.48346 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 06 / 20 / 2014
Purpose of Expenditure VOTER CONTACT CALLS OVER THE NEXT FEW WEEKS	Category/Type 004
Name of Federal Candidate JEFFREY A MERKLEY	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: OR
Calendar Year-To-Date Per Election for Office Sought 35924.38	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee INFOCISION MANAGEMENT CORP [MEMO ITEM]	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 06 / 20 / 2014
Mailing Address 325 SPRINGSIDE DR	Amount 23010.16
City AKRON State OH Zip Code 44333	Transaction ID : SE.48347 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 06 / 20 / 2014
Purpose of Expenditure VOTER CONTACT CALLS OVER THE NEXT FEW WEEKS	Category/Type 004
Name of Federal Candidate MARK J WARNER	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: VA
Calendar Year-To-Date Per Election for Office Sought 74783.02	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

Signature _____ [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
02 / 13 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY FUND		FEC IDENTIFICATION NUMBER ▼ C C00524454
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee INFOCISION MANAGEMENT CORP		Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 20 / 2014
Mailing Address 325 SPRINGSIDE DR		Amount 555.73
City AKRON	State OH	Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS OVER THE NEXT FEW WEEKS	Category/Type 004	Transaction ID : SE.71101 Date of Disbursement or Obligation MM / DD / YYYY 06 / 22 / 2014
Name of Federal Candidate MARK BEGICH	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AK
Calendar Year-To-Date Per Election for Office Sought	6951.47	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee INFOCISION MANAGEMENT CORP		Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 20 / 2014
Mailing Address 325 SPRINGSIDE DR		Amount 2285.41
City AKRON	State OH	Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS OVER THE NEXT FEW WEEKS	Category/Type 004	Transaction ID : SE.71102 Date of Disbursement or Obligation MM / DD / YYYY 06 / 22 / 2014
Name of Federal Candidate MARK L PRYOR	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	28587.52	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	2841.14
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

Signature _____ Date MM / DD / YYYY 02 / 13 / 2016

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY FUND
FEC IDENTIFICATION NUMBER C C00524454
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee INFOCISION MANAGEMENT CORP
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS OVER THE NEXT FEW WEEKS
Category/Type 004
Name of Federal Candidate MARK E UDALL
Office Sought: Senate State: CO
Disbursement For: General 2014
Amount 4094.76
Transaction ID: SE.71103

Full Name of Payee INFOCISION MANAGEMENT CORP
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS OVER THE NEXT FEW WEEKS
Category/Type 004
Name of Federal Candidate MARY L LANDRIEU
Office Sought: Senate State: LA
Disbursement For: General 2014
Amount 3568.57
Transaction ID: SE.71105

(a) SUBTOTAL of Itemized Independent Expenditures 7663.33
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
SCOTT B MACKENZIE [Electronically Filed] Date 02/13/2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY FUND		FEC IDENTIFICATION NUMBER ▼ C C00524454	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	

Full Name of Payee INFOCISION MANAGEMENT CORP		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 06 / 20 / 2014	
Mailing Address 325 SPRINGSIDE DR		Amount 4207.36	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.71106
Purpose of Expenditure VOTER CONTACT CALLS OVER THE NEXT FEW WEEKS		Category/Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 06 / 22 / 2014
Name of Federal Candidate AL FRANKEN		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>MN</u>
Calendar Year-To-Date Per Election for Office Sought		52628.69	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee INFOCISION MANAGEMENT CORP		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 06 / 20 / 2014	
Mailing Address 325 SPRINGSIDE DR		Amount 803.81	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.71107
Purpose of Expenditure VOTER CONTACT CALLS OVER THE NEXT FEW WEEKS		Category/Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 06 / 22 / 2014
Name of Federal Candidate JOHN E WALSH		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>MT</u>
Calendar Year-To-Date Per Election for Office Sought		10054.64	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	5011.17
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

Signature _____ [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
02 / 13 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY FUND		FEC IDENTIFICATION NUMBER C C00524454
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee INFOCISION MANAGEMENT CORP		Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 20 / 2014
Mailing Address 325 SPRINGSIDE DR		Amount 1069.13
City AKRON	State OH	Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS OVER THE NEXT FEW WEEKS	Category/Type 004	Transaction ID : SE.71108 Date of Disbursement or Obligation MM / DD / YYYY 06 / 22 / 2014
Name of Federal Candidate JEANNE SHAHEEN	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NH
Calendar Year-To-Date Per Election for Office Sought	13373.49	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee INFOCISION MANAGEMENT CORP		Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 20 / 2014
Mailing Address 325 SPRINGSIDE DR		Amount 7683.15
City AKRON	State OH	Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS OVER THE NEXT FEW WEEKS	Category/Type 004	Transaction ID : SE.71109 Date of Disbursement or Obligation MM / DD / YYYY 06 / 22 / 2014
Name of Federal Candidate KAY R HAGAN	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	96106.32	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	8752.28
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature SCOTT B MACKENZIE [Electronically Filed] Date MM / DD / YYYY 02 / 13 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00524454
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DR
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS OVER THE NEXT FEW WEEKS Category/
Type
004
Name of Federal Candidate
JEFFREY A MERKLEY Support
Oppose
Office Sought:
House Senate
District:
00 State:
OR
Calendar Year-To-Date
Per Election for Office Sought
39045.88
Disbursement For:
Primary General
2014 Other (specify)

Date of Public Distribution/Dissemination
06 / 20 / 2014
Amount
3121.50
Transaction ID : SE.71110
Date of Disbursement or Obligation
06 / 22 / 2014

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DR
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS OVER THE NEXT FEW WEEKS Category/
Type
004
Name of Federal Candidate
MARK J WARNER Support
Oppose
Office Sought:
House Senate
District:
00 State:
VA
Calendar Year-To-Date
Per Election for Office Sought
81280.97
Disbursement For:
Primary General
2014 Other (specify)

Date of Public Distribution/Dissemination
06 / 20 / 2014
Amount
6497.95
Transaction ID : SE.71111
Date of Disbursement or Obligation
06 / 22 / 2014

(a) SUBTOTAL of Itemized Independent Expenditures 9619.45
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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SCOTT B MACKENZIE

[Electronically Filed]

Signature

Date

02 / 13 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00524454
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS OVER THE NEXT FEW WEEKS
Category/Type 004
Name of Federal Candidate MARK BEGICH
Office Sought: Senate State: AK
Disbursement For: General 2014
Amount 1425.08
Transaction ID: SE.71112
Date of Disbursement or Obligation 06/30/2014

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS OVER THE NEXT FEW WEEKS
Category/Type 004
Name of Federal Candidate MARK L PRYOR
Office Sought: Senate State: AR
Disbursement For: General 2014
Amount 1748.11
Transaction ID: SE.71113
Date of Disbursement or Obligation 06/30/2014

(a) SUBTOTAL of Itemized Independent Expenditures 2173.19
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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SCOTT B MACKENZIE
[Electronically Filed]
Date 02/13/2016
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY FUND	FEC IDENTIFICATION NUMBER ▼ C C00524454
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name of Payee INFOCISION MANAGEMENT CORP	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 06 / 20 / 2014
Mailing Address 325 SPRINGSIDE DR	Amount 3132.08
City AKRON State OH Zip Code 44333	Transaction ID : SE.71114 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 06 / 30 / 2014
Purpose of Expenditure VOTER CONTACT CALLS OVER THE NEXT FEW WEEKS	Category/Type 004
Name of Federal Candidate MARK E UDALL	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: CO
Calendar Year-To-Date Per Election for Office Sought 54352.25	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee INFOCISION MANAGEMENT CORP	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 06 / 20 / 2014
Mailing Address 325 SPRINGSIDE DR	Amount 2729.60
City AKRON State OH Zip Code 44333	Transaction ID : SE.71115 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 06 / 30 / 2014
Purpose of Expenditure VOTER CONTACT CALLS OVER THE NEXT FEW WEEKS	Category/Type 004
Name of Federal Candidate MARY L LANDRIEU	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 47367.84	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	5861.68
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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SCOTT B MACKENZIE

Signature _____ [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
02 / 13 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY FUND	FEC IDENTIFICATION NUMBER ▼ C C00524454
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name of Payee INFOCISION MANAGEMENT CORP	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 06 / 20 / 2014
Mailing Address 325 SPRINGSIDE DR	Amount 3218.21
City AKRON State OH Zip Code 44333	Transaction ID : SE.71116 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 06 / 30 / 2014
Purpose of Expenditure VOTER CONTACT CALLS OVER THE NEXT FEW WEEKS	Category/Type 004
Name of Federal Candidate AL FRANKEN	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President State: MN
Calendar Year-To-Date Per Election for Office Sought 55846.90	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee INFOCISION MANAGEMENT CORP	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 06 / 20 / 2014
Mailing Address 325 SPRINGSIDE DR	Amount 614.83
City AKRON State OH Zip Code 44333	Transaction ID : SE.71117 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 06 / 30 / 2014
Purpose of Expenditure VOTER CONTACT CALLS OVER THE NEXT FEW WEEKS	Category/Type 004
Name of Federal Candidate JOHN E WALSH	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President State: MT
Calendar Year-To-Date Per Election for Office Sought 10669.47	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	3833.04
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

Signature _____ [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
02 / 13 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00524454
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DR
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS OVER THE NEXT FEW WEEKS Category/
Type
004

Date of Public Distribution/Dissemination
06 / 20 / 2014
Amount
817.79
Transaction ID : SE.71118
Date of Disbursement or Obligation
06 / 30 / 2014

Name of Federal Candidate
JEANNE SHAHEEN
Support
Oppose
Office Sought:
House
Senate
District:
00
State:
NH

Disbursement For:
Primary
General
2014
Other (specify)

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DR
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS OVER THE NEXT FEW WEEKS Category/
Type
004

Date of Public Distribution/Dissemination
06 / 20 / 2014
Amount
5876.84
Transaction ID : SE.71119
Date of Disbursement or Obligation
06 / 30 / 2014

Name of Federal Candidate
KAY R HAGAN
Support
Oppose
Office Sought:
House
Senate
District:
00
State:
NC

Disbursement For:
Primary
General
2014
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 6694.63
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE
[Electronically Filed]
Date
02 / 13 / 2016
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY FUND
FEC IDENTIFICATION NUMBER C C00524454
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee INFOCISION MANAGEMENT CORP
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS OVER THE NEXT FEW WEEKS
Category/Type 004
Name of Federal Candidate JEFFREY A MERKLEY
Office Sought: Senate State: OR
Disbursement For: General 2014
Amount 2387.63
Transaction ID: SE.71120
Date of Disbursement or Obligation 06/30/2014

Full Name of Payee INFOCISION MANAGEMENT CORP
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS OVER THE NEXT FEW WEEKS
Category/Type 004
Name of Federal Candidate MARK J WARNER
Office Sought: Senate State: VA
Disbursement For: General 2014
Amount 4970.28
Transaction ID: SE.71121
Date of Disbursement or Obligation 06/30/2014

(a) SUBTOTAL of Itemized Independent Expenditures 7357.91
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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SCOTT B MACKENZIE [Electronically Filed] Date 02/13/2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00524454
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
STRATEGIC CAMPAIGN GROUP
Mailing Address
4600 NORTH FAIRFAX DR
SUITE 802
City
ARLINGTON State
VA Zip Code
22203
Date of Public Distribution/Dissemination
06 / 18 / 2014
Amount
7500.00
Transaction ID : SE.71130
Date of Disbursement or Obligation
06 / 09 / 2014
Purpose of Expenditure
TELETOWN HALL - ACTIVIST RECRUITMENT (6/18)
Category/Type
004
Name of Federal Candidate
JONI K ERNST
Support
Office Sought:
Senate State: IA
Calendar Year-To-Date
Per Election for Office Sought
7500.00
Disbursement For:
General 2014

Full Name of Payee
STRATEGIC CAMPAIGN GROUP
MEMO ITEM
Mailing Address
4600 NORTH FAIRFAX DR
SUITE 802
City
ARLINGTON State
VA Zip Code
22203
Date of Public Distribution/Dissemination
06 / 18 / 2014
Amount
7500.00
Transaction ID : SE.48335
Date of Disbursement or Obligation
06 / 18 / 2014
Purpose of Expenditure
TELETOWN HALL - ACTIVIST RECRUITMENT
Category/Type
004
Name of Federal Candidate
JONI K ERNST
Support
Office Sought:
Senate State: IA
Calendar Year-To-Date
Per Election for Office Sought
15000.00
Disbursement For:
General 2014

Table with 2 columns: Description and Amount.
(a) SUBTOTAL of Itemized Independent Expenditures 7500.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures 202307.82

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
SCOTT B MACKENZIE
[Electronically Filed]
Date 02 / 13 / 2016
Signature